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BABYHOOD:

THE MOTHER'S NURSERY GUIDE,

DEVOTED TO

THE CARE OF CHILDREN.

LEROY M. VALE, M.D.,

MEDICAL EDITOR.

VOLUME VII.

DECEMBER, 1890, TO NOVEMBER, 1891.

NEW YORK AND LONDON:
BABYHOOD PUBLISHING COMPANY.

1891.

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Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

DECEMBER, 1890.

No. 73.

I N a recent number of *The American Practitioner and News*, its Paris correspondent furnishes the following table of the infectious diseases as approved at a recent meeting of the Society of Public Hygiene. Its object was to furnish the information as a guidance to masters of the public schools concerning the prevention of the spread of infectious diseases, and the time that might properly be permitted to elapse before the patient may be allowed to resume school privileges. The same information is also of value to parents of those as yet too young to attend school, and is given here as indicating the time when, after the disappearance of all symptoms, the child may resume his customary habits of life. This is, of course, not intended to supplant the reference of such a case to professional advice, which should in all cases be had; but simply to afford help to parents that might not otherwise be accessible.

time from the exposure of the patient to a disease to the first symptoms of it in him. "Period of invasion" covers those symptoms or that time described in the popular phrase as "coming down with" this or that disease. For instance, during the period of invasion in measles there is a cough, running of the eyes and nose and other symptoms likely to be considered those of "a hard cold," until the eruption declares the real nature of the ailment. So the diagnosis of whooping cough will hang in doubt often during the stage of invasion, and indeed sometimes for a period much longer than eight days.

We have sometimes met with a belief that whooping cough has some dependence upon or is modified by vaccination. Thus we have had our attention called to cases in which, as our correspondent believed, the course of whooping cough was mitigated and shortened by the application of vaccination, the child having up to that time been unvaccinated. Now, there is nothing improbable in the notion that one disease may be modified by another inter-current one, but in the individual cases nothing was proven beyond the fact that one case of whooping cough was milder than another, which is usually true whether or not treatment of any kind is employed. Jenner himself did entertain the belief that such a mitigating effect would be found to exist, but somewhat extended trials have been made with negative results, as the experimenters believed. Oddly enough, we have heard precisely the opposite belief brought out by anti-vaccinationists, that, namely, an unvaccinated child could not have whooping cough. The falsity of this claim need not be pointed out.

| MALADY. | Period of Incubation. | | Period of readmission that may be authorized. |
|--------------------|-----------------------|------|--------------------------------------------------------------|
| | d'ys | d'ys | |
| Scarlet fever..... | 7 | 2 | Forty days from the first day of invasion. |
| Measles..... | 9 | 4 | Twenty-five days from the first day of invasion. |
| Whooping cough., | 12 | 8 | Thirty days after disappearance of the characteristic cough. |
| Diphtheria..... | 5 | 2 | Forty days from the first day of invasion. |
| Mumps..... | 18 | 2 | Twenty-five days from the first day of invasion. |
| Chicken-pox,..... | 14 | 2 | Twenty-five days from the first day of invasion. |

The "period of incubation" means the

In connection with the subject of whooping cough, a word of warning may be timely. Whooping cough is too often treated as a trivial matter. Not only is the patient left without treatment and with little if any more than ordinary care, but he is very commonly allowed to go about in streets, parks and public conveyances as if he were harmless to others. No greater error could well exist. In young children, whooping cough—particularly in cold weather—is often complicated with pneumonia, and through this complication becomes a serious matter. In fact, a recent English writer of position says that one-fourth of the annual death rate of children in London is due to it. It ranks only after scarlet fever and measles in English lists of mortality. The exposure of children who have this disease in the streets in unsuitable weather not only brings hazard to them, but such going about, in any weather, spreads abroad a very serious ailment which exposes other children to similar risks. The danger of whooping cough diminishes with the age of the child, and after the beginning of what is known as “school age,” it is rarely fatal.

It would hardly seem necessary in this day and hour to soberly declare, as does the London *Lancet*, that “We most decidedly and heartily give our support to the doctrine that, as a rule, children and young people do not need alcohol and are much better without it.” This is so self-evident a truth as hardly to need utterance, yet careful observation shows the need of its enforcement. The attention of the writer has been called more than once to children, hardly more than infants, who have sipped their father’s beer more or less regularly. In certain families, among certain classes of our population, it is not uncommon for children sitting at table with their parents to partake of their drink as well as of their food. But youth, in its freedom from care, its usually strong appetite and responsive impulses, requires the simplest food and is injured by other and artificial stimuli. Much good can be done to children by careful instruction and the encouragement

in them, as they develop, of thorough and intelligent independence of stimulants. But they must see abstinence practiced at home if abstinent principles are to regulate their future lives. If children see alcohol used freely at home, they, if forbidden to do so at home, will use it secretly elsewhere, to the probable future distress and humiliation of their unfortunate and heedless parents who sowed the seed of their intemperance.

In a paper on “The Country House,” Donald G. Mitchell (Ik Marvel) writes in “Scribner’s Magazine” of its ample pleasures. He does not forget the little ones and the delights the old garret has for them.

“There’s no indoor romping ground for a child like a great garret, with dormers to let in sunlight like a deluge. The quaint big old houses we have shown had them; and a healthy child without chance for rainy forays in such must grow up with a large domestic element of its nature undeveloped. Home ties of those young folk grapple to a bare roof tree in the top of the house very clingingly. And if country life is not to be subverted altogether and turned adrift in the wastes of cities, it must be the clinging child love wakening in manhood, and reawakening in age, which is to insure and ennoble its best development.”

Alas, that the modern “Queen Ann” cottage, with its angles and recesses and diminutive garret, has robbed childhood of its old-fashioned romping ground!

A distinguished physician of England raises his protest against a compulsory education act which subjects the child to a forced mental cultivation, but provides no means of physical education or improvement. He says that a large proportion of those who come within the provisions of the Elementary Education Code are semi-starved children of the poorest class, who, when thus debilitated by privation, are necessarily as much incapacitated for any mental strain as for any extraordinary feats of physical strength. The splendid results in the Swedish schools, where every child is compelled to follow a strict course of physical training, may well be imitated the world over. Compulsory education should mean development of the body as well as the mind.



CHILDREN'S COUGHS.

BY WILLIAM H. FLINT, M.D.,

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UPON the approach of that cheerless season when Boreas is restored to power, and, from his subterranean residence, scatters decorations in the shape of blue noses, frozen ear-tips, chilblains and bronchial maladies among his unwilling subjects, it seems appropriate that BABYHOOD should seasonably revert to that perennially interesting topic, *coughs*, in order to prepare its friends and allies for the inevitable winter campaign. Coughs are such intimate *bosom* companions of the vast majority of mankind, that any definition of our common affliction may appear superfluous. Yet, for the sake of avoiding misunderstandings and of preventing certain innocent coughs from incurring unjust opprobrium, the writer ventures to give a general definition.

What is a Cough?

A cough is a forced and sonorous expiratory effort, the purpose of which is to expel some offending substance from the air passages or to announce the existence of irritation in these passages or in some remoter organ.

From this definition it follows that our quarrel is not with coughs, *per se*, but with the conditions causing them. It also follows that some coughs, instead of being reprehensible and mischievous, are meritorious, and, up to a certain point, worthy of encouragement, while other coughs are valuable indices of certain morbid states, and still others are mere useless destroyers of bodily energy. The writer has had the good fortune to read many able treatises on coughs wherein are contained accurate accounts of the physiological mechanism by which these involuntary, yet chiefly salutary, expulsive efforts

are accomplished. These scientific treatises also contain minute and careful classifications of coughs which are therein declared to be either hard or soft, loose or tight, deep or superficial, long or short, and paroxysmal or continuous. They may, moreover, be either irritative, spasmodic, hacking, hemming, suffocative, stridulous or hoarse, metallic or ringing, and reflex or sympathetic. Again, they may be designated as nose coughs, throat coughs, chest coughs or stomach coughs, and, in virtue of much anatomical zeal on the part of the nosologist, as ear coughs. The writer prefers, however, to abandon this comprehensive classification for one which possesses, in his opinion, the direct advantage of greater practical utility, for anxious parents and attendants, than the more elaborate category which he has hastily summarized.

Classification.

The writer proposes to subdivide all coughs into:

I. HARMLESS COUGHS; and

II. SERIOUS COUGHS; and instituting a figurative signal service department for coughs, to hoist danger signals by which coughs indicative of peril may be identified and promptly reported at medical headquarters. The writer would not be understood to imply that the coughs of the first class, in his improved nosology, should not be investigated, but that they need not cause the same concern or anxiety which these of the second class may justly excite. Since *all* coughs are unnatural, their causes should invariably be sought, and, if possible, eradicated.

I.—Harmless Coughs.

The general proposition that all coughs

not attended by difficult breathing, rapid pulse, elevated temperature, or bloody expectoration are comparatively harmless, is justified by experience. The so-called reflex or sympathetic coughs produced by irritation of organs anatomically disassociated from the air passages, constitute the bulk of this class. Those to which the writer will refer are stomach, ear, nose and throat coughs. These coughs are explained by the fact that those organs, irritation of which excites a sympathetic cough, either derive their nerves from the same trunks which supply the lungs, or from nerve trunks more or less closely associated with the pulmonary nerves. One of the most familiar instances of the purely reflex cough is the so-called *Stomach Cough*. The existence of a cough entitled to this designation is still denied by a few authorities, but its occasional occurrence is quite generally conceded. This cough, which may be made the type of its class, is usually dry, *i. e.*, it is not accompanied by expectoration. The tongue is apt to be coated, the bowels are often irregular and there may be gaseous distension of the stomach or intestines. The term *abdominal cough* might sometimes be properly substituted for stomach cough, since round worms, other intestinal parasites, and even umbilical herniæ, or protrusions of the bowel at the navel, have been known to cause coughs which speedily ceased after the expulsion of the parasites, or the reposition of the hernial protrusions. If there be large quantities of gas in the stomach, the cough may be due to pressure of the distended organ upward against the lung, or to acrid eructations which irritate the throat and nose. In the majority of cases of stomach cough there are, however, no symptoms directly referable to the chest, the nose or the throat.

Ear Cough.—Another purely reflex cough is that produced by the irritation of the canal leading from the outer ear to the drum, or by irritation of the drum membrane. This cough has been known to occur in children who, early converted to *inductive* philosophy, had inserted peas, beans and other objects into their ears. Accumulated wax, particularly if

dry and adherent to the canal, and even the stimulus of a speculum or probe during an examination of the ear, may occasion the ear cough.

The treatment of stomach and of nose coughs is, as with all diseases, either preventive or curative. The former embraces proper attention to diet and to aural hygiene. The curative measures should be left in the hands of the family physician.

Nose Coughs and *Throat Coughs* are occasioned by foreign bodies and by various diseased conditions in the nasal passages or in the throat. Some of the morbid states occasioning these coughs are sufficiently grave to warrant the consignment of the coughs thereon dependent to the class of serious coughs requiring immediate attention, and will be considered under that heading. The majority of these coughs are, however, merely ear-marks of irritation, or of disease in the upper respiratory passages, which should not be disregarded. A child abhors a vacuum quite as much as does Mother Nature, and seeks to fill all the accessible cavities of his body with miscellaneous materials. In confirmation of this scientific axiom, we may adduce the facility with which various articles not adapted to the purposes of nutrition, such as safety-pins, coins and jack-stones, are swallowed, and hair-pins, shirt-buttons and tooth-picks are introduced into the ears. The nose, too, suffers, and the archives of nasal lore teem with histories descriptive of the easy introduction and the subsequent difficult extraction of objects playfully deposited in the nostrils. One of the favorite objects for this sort of experiment is the small, white bean. This smooth, polished, elliptical legumen insinuates itself with fatally deceptive facility into the nasal passages and, absorbing moisture from the mucous membrane, assumes much larger proportions than it originally possessed. The presence of this vegetable, which may serve as a type of all foreign bodies, causes a nasal cough, which is dry, harsh and superficial, and has a characteristic nasal intonation. Of course, such foreign bodies should be at once removed, and parents will act most wisely who dele-

gate the duty of their extraction to a competent physician, equipped with proper instruments.

Overgrowth of the nasal mucous membrane, bony and cartilaginous outgrowths from the walls of the nasal cavities, and lateral deviations of the bony and cartilaginous partition which separates the nostrils, may also occasion a sympathetic nasal cough. These diseased conditions should be relieved at the earliest possible moment, in order that a chronic and, perhaps, an irremediable catarrh may not result from their presence. In the later stages of common colds, dry and hard masses of mucus sometimes become adherent to the mucous membrane and cause a cough, which may be relieved by the removal of the offending crusts with alkaline washes, applied in the form of vapor projected from an atomizer.

The conditions causing *Chronic Throat Coughs* in children, are very numerous. The most common, perhaps, among them, is overgrowth of the tonsils. This disease is readily recognized on inspection of the throat, and frequently by the peculiar voice of the patient. The subjects of this ailment are also often of the mouth-breathers, and their breath is tainted by the decomposition of mucus secreted in excess by the enlarged tonsils and retained in the ducts of the glands by which it is elaborated. Overgrowth of certain glandular structures on the roof of the pharynx (above and behind the hanging palate), collectively known to anatomists as the pharyngeal tonsil, is another very common disease of childhood which occasions a throat cough, and so is chronic inflammation of the back wall of the throat, technically called follicular pharyngitis. More rarely, an elongated uvula, which is the pendulous portion of the soft palate, leads to an obstinate cough by irritating the base of the tongue or the walls of the throat. The quality of throat coughs resembles that of ear coughs in being superficial, often dry, usually hacking or barking, and devoid of the deeper, hollower sound belonging to chest coughs. All of the diseased states of the throat, enumerated above, are susceptible of more or less complete re-

lief, although they are, in the majority of cases, only permanently cured by operative interference, which must, of course, be undertaken by a physician well acquainted with the details of the respective operations.

The Most Common Cough Cold.—The cough which results from so-called ordinary colds, belongs, generally, to the present category of harmless coughs. It is due to acute or chronic inflammation of the mucous membrane of the lower throat, the larynx, or organ of the voice, of the windpipe and of the larger bronchial tubes. It is too well-known to need an extended description, being at first paroxysmal, dry, harsh, hacking, hoarse and croupy when the larynx is affected, and slightly painful, but subsequently loose, soft, low and painless.

Children with such a cough, if old enough to describe their sensations, often complain of soreness behind the breast-bone, in the wind-pipe, or in the sides. The earlier characteristics of this cough correspond to the first stage of an inflammation, marked by absence of secretion; the later ones to the production of a mucous or of a muco-purulent discharge. The sputa, when obtainable, show the relative intensity of the inflammatory process. If they are whitish, glairy and semi-transparent, the inflammation is comparatively mild; if yellowish, greenish, thick and opaque, the inflammation is more severe, and it is violent if blood appears in the sputa. The mucous discharges are not easily obtained in children's coughs, since they are generally swallowed instead of being expectorated. Such coughs, when severe, are sometimes accompanied by elevation of temperature and by increase in the frequency of respirations, by flushing of the face, loss of appetite, marked restlessness and general discomfort.

BABYHOOD for February, 1889, contains an article by the writer, entitled "Winter Colds," embodying his views concerning the domestic treatment of coughs resulting from this cause, and he therefore refrains from discussing that subject in this place.

II. Serious Coughs.

Coughs accompanied by difficult or rapid

breathing, rapid pulse, elevated temperature or bloody expectoration, belong to this class, together with some others which do not occasion these symptoms. Whenever, therefore, these symptoms attend a cough, no time should be lost in obtaining the advice of a competent physician.

The writer does not consider it his duty to do more, in this article, than to indicate the leading characteristics by which coughs of this kind may be recognized, and to make brief allusion to these palliative measures of treatment which may properly be adopted before the arrival of the medical attendant.

The present class includes the coughs of (1), acute bronchitis, involving the smaller bronchial tubes; (2), of pneumonia and pleurisy; (3), of whooping cough; (4), of croup, diphtheria and laryngeal growths; (5), of pulmonary tuberculosis or consumption; (6), of heart disease, besides reflex or sympathetic coughs due to certain diseases of the bone of the ear, and, rarely, to the arrest of purulent discharges from the ear in inflammations of the drum cavity.

(1) *Cough due to acute bronchitis of the smaller tubes*, which disease is, happily, less frequent than the milder form of bronchitis caused by common colds, is more severe and less intermittent than that of the former variety, and it progressively increases in intensity. The mucus of the bronchial tubes, being tenacious, is expelled with difficulty, and is, sometimes, stained with blood. The respirations are frequent, sometimes numbering sixty or even more per minute; the pulse is very rapid, the temperature considerably elevated, the face flushed, at first, and subsequently pale or livid. There is great restlessness, complete loss of appetite, and, generally, insatiable thirst. Nursing children often give up the breast because the shortness of their breath forces them to employ all their energy in respiratory efforts.

(2) In *pneumonia and pleurisy*, the cough is, at first, dry and painful. It then, in favorable cases, grows looser and less painful, but in graver cases becomes gradually more painful and severe. A symptom serving to distinguish pneumonia and pleurisy from

bronchitis of a severe type is a low moan, heard during expiration, *i. e.*, while the breath is being expelled from the chest. During inhalation, on the other hand, the nostrils are often seen to dilate, as in a horse when put to his speed. In other respects the symptoms of pneumonia and pleurisy are almost identical with those of bronchitis of the smaller tubes.

The most efficient domestic treatment of these two complaints consists in keeping the patient warmly covered, in bed, with light flaxseed poultices, containing about one-twelfth part of mustard constantly applied to the chest, both front and rear. In the earlier stages, inhalations of warm vapor are, also, of great utility. The diet should be light, consisting preferably of hot milk, given every two or three hours, and to this a little good brandy or whiskey may be added if the pulse is very rapid and the respiration very difficult. Great care should be exercised in guarding the patient from draughts. Above all, the family doctor should be quickly summoned.

(3) The term *whooping cough* is descriptive, and almost every mother is familiar with the peculiar ringing, paroxysmal cough, followed by the long-drawn, rasping or crowing inspiratory effort, so characteristic of this malady. At the end of such a paroxysm, during which the face is flushed, much frothy mucus is often expectorated or expelled, together with the contents of the stomach, by acts of vomiting. However easy the diagnosis may be when the peculiar "whoop" is fully developed, there is, during the first fortnight, or even longer, no difference between the cough of an ordinary cold and whooping cough. During the forming stage, therefore, of a suspected whooping cough, the measures of treatment recommended for common colds may be employed. So soon, however, as the real character of the ailment is positively declared, its farther treatment should be intrusted to the doctor, who will try to hold the number and the severity of the paroxysms within bounds and to avert the complications which often render whooping cough a very grave disease, as well as to

guard other members of the family against the infection.

(4) *Croup, diphtheria and laryngeal growths.* These diseases are here grouped together because the coughs excited by them closely resemble each other, in that they are hoarse or husky and that the voice is likewise hoarse, and, in marked cases, almost or quite suppressed. There are two kinds of *croup*, the false and the true.

In *false croup*, the cough and the other symptoms are chiefly due to spasm of the laryngeal muscles, by which free access of air to the windpipe and lungs is prevented. This spasm may or may not be accompanied by an inflammation of the mucous membrane of the air passages.

False croup is, generally, a trivial ailment, but may be serious if the spasm of the larynx be not controlled. In spite of its ordinarily benign character, it probably causes more parental anxiety than any other single infantile disease, since the symptoms, although usually transient, are alarming, and do, in reality, closely resemble those of the grave and often fatal diseases croup and diphtheria. For the sake of their own peace of mind, it is, therefore, desirable that mothers, nurses and attendants remember a few diagnostic points concerning the access and the course of the disease. False croup, if dependent upon laryngeal inflammation, may be preceded, for a few days, by a slight throat cough and by moderate fever. Whether these symptoms have preceded the spasmodic attack or not, nothing alarming ordinarily occurs until at night, generally not far from twelve o'clock, when the patient suddenly awakens with a loud, ringing, hoarse and sonorous cough. The voice is husky or is reduced to a whisper; the breathing is whistling or harsh; the face flushed and anxious, and the surface often hot and dry. These symptoms usually promptly subside under simple treatment, and the suddenness of their onset, together with the fact that they are not preceded by any serious ailment, should suffice to prevent them from exciting undue apprehension.

Treatment.—The spasm may often be

controlled by simple domestic treatment while the doctor is being summoned. The first measure to be adopted is the immersion of the child, for ten or fifteen minutes, in a warm bath, the temperature of which should be about 100 degrees. In the case of children over three years old, a little mustard may be added to the water. At the same time, the child should inhale the vapor rising from boiling water, held in a pitcher or other convenient receptacle.

An emetic is often valuable, and children under three years may take a teaspoonful of the syrup of ipecac every fifteen minutes, until vomiting ensues. Other children may take two teaspoonfuls at the same intervals. The object of the above measures is relaxation of the laryngeal spasm, and it is usually quickly attained.

True croup and diphtheria of the larynx occasion a cough somewhat resembling that of false croup, but differing from it in being harsher, drier, more metallic and less sonorous. The onset of the symptoms of true croup is so gradual that it is often disregarded, but the symptoms are progressive. The cough does not begin suddenly and with maximum severity at night, as in the former case, but indifferently at any time of day, and it grows harsher, rougher, hoarser, more severe and more continuous. The cough may, however, be periodically intensified by irritation or obstruction of the larynx by the false membrane. The voice becomes hoarse early in these diseases, and continues so throughout their course, becoming, sometimes, almost extinct. Generally, however, patients can make their wants known in a hoarse whisper. The pulse is rapid and tends to weakness. The breathing is quickened, at first, although not so much so as in bronchitis of the smaller tubes or in pneumonia. Later it grows slower, and as obstruction to the entrance of air is augmented, the nostrils dilate on inspiration, while the soft parts above the collar-bone and at the pit of the stomach are depressed by the uncompensated external atmospheric pressure. The breathing is often accompanied by a shrill, whistling sound. The discharges from

the throat are at first scanty. Later they are freer and may contain shreds of the false membrane or even casts of the air passages formed by the cohesion of the membranes. On inspection the false membrane is generally visible on the tonsils or on other parts of the throat.

The cough due to *growths in the larynx* possesses the same general characters as that of croup and diphtheria, but is more gradual in its development and its duration, before the advent of serious obstructive symptoms, is much longer. The voice is also hoarse, in this case, and increasing hoarseness with growing difficulty in respiration points to enlargement of the laryngeal tumors.

Pulmonary tuberculosis or consumption occasions, in its early stages, a dry, hacking cough, which may, occasionally, be spasmodic. Later the cough is looser. In children over five years of age expectoration of muco-purulent matter, sometimes tinged with blood, is observed, and in older children the spitting of blood is not a very rare symptom.

The cough occasioned by *enlargement, with weakening, of the heart*, comes late in the disease, is teasing or hacking and paroxysmal, occurring with particular frequency late in the day or at night. The sputa are often rusty or blood-stained. The face is apt to be livid and the limbs dropsical.

Reflex coughs, indicative of serious conditions, occur in certain diseases of the bones of the ear, and when purulent discharges from the middle ear are arrested. The explanation of these coughs is the same that was offered to account for the occurrence of cough resulting from the introduction of foreign bodies into the ears.

The last named coughs are quite beyond the resources of domestic medication, and have been mentioned merely to emphasize the necessity of inquiring into the cause of *every* cough which is at all stubborn or persistent, and of giving to a physician an opportunity of combating the diseased states underlying the cough while they may yet be amenable to his treatment.



WHAT MAY BE DONE TO PREVENT DIPHTHERIA.

BY LEROY M. YALE, M.D.

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WITH the coming of cold weather, a season of shut doors and windows, comes the unavoidable thought of those maladies which are known as winter diseases, and which term might be in a measure applied to most of the acute contagious fevers. Not because they are confined to cold weather, but because circumstances more favorable to their spread and prevalence exist in our cold season, and because practically they do most prevail at that season.

Most of all, probably, the attention of every one to whose heart any child is dear is arrested by the name of diphtheria. There is no need to comment upon the destructive-

ness of this ailment in its graver types. If a physician huddles all sore throats into the one category of diphtheria, he may, if he believes in his own classification, feel that he is "very successful with diphtheria." He may feel something of this complacency with regard to real disease if he does not distinguish between mild types and grave ones. But, so far as our observation goes, those who have seen most of genuine cases of well-pronounced diphtheria are those who never speak lightly of it.

Diphtheria seems to be so universal and, in a greater or less degree, to be so generally present in towns of great size that anything

practical touching it is always of interest. Regarding the treatment, we have nothing now to say; that must vary with the widely varying manifestations of the disease, and few persons would have the temerity to attempt the care of a case without medical aid. On the other hand, however much or little treatment may avail in special cases, there is no doubt of the great efficacy of restrictive measures—those, namely, which aim to prevent the origin and spread of the disease—and these measures must largely be carried out by non-medical persons.

It is rather singular that this superiority of prevention to cure is so much better appreciated in regard to our property than to our health. Every one knows that safety from fire depends infinitely more upon the vigilance of each householder within his own premises than upon the best fire service in the world. Yet we see the blindest indifference to the causes of pestilence among the very people who are the wildest in their pursuit of remedies if the epidemic once starts.

In recent years much has been done experimentally for the purpose of determining the exact nature of the poison causing diphtheria. Perhaps this has already been found. The practical bearing of whatsoever has been demonstrated is that it confirms the accepted beliefs. These last assume the existence of a specific poison, which may be dormant for considerable periods, and be stimulated to activity under favorable circumstances, and which, again, may be crippled or destroyed by appropriate germicides or by the removal of the aforesaid circumstances. We need not consider the nature of the poison, since, for our present purposes, it does not matter whether it be a coccus, a bacillus or a ptomaine. But it is of the first importance to know what conditions favor the survival, the propagation and the transmission of this poison.

First, we may say that filth, in the wide sense of that term, favors the development of diphtheria—filth out-of-doors and indoors, filth of the person or of any of his surroundings. There have been some who have, thought that the disease might arise from filth,

pure and simple, but, so far as we know, there is no evidence of this. Into the filth we must assume the previously existing diphtheritic poison to have entered as a leaven. But competent authorities consider it probable that the poison may increase by propagation in such filthy places, independent of direct additions from any sick person. Therefore, every damp or foul place should be an object of suspicion. Every damp cellar, every confined, sunless space is a source of danger, as well as every sewer and drain. Not, as we believe, because sewer gas by itself would give diphtheria, but because a sewer is an admirable place, according to the best of our knowledge, for the diphtheritic poison to multiply, and if the gas of such a poisoned sewer is inhaled, the poison is likely to be inhaled with it, the gas playing the rôle of a carrier, just as drinking water often does for the poison of typhoid fever. We speak of the sewer thus in particular because in some quarters it has been the habit to speak of diphtheria as a "sewer gas disease." Sewers doubtless do spread the disease, but it must be remembered that epidemics occur in the country, where neither sewers nor plumbing exist. In fact, they have often far exceeded in their extent and mortality, in proportion to the population, anything that has ever been known in a great city. Causes enough exist to make up whatever may be gained by the absence of sewer gas.

We remember a local outbreak in a large country town confined to one house and destroying nearly every child in it, for which the only assignable cause was the spreading upon a lawn, near the cold air pipe of the furnace, of dressing from a manure or compost heap. Sometime ago we gave an account of a terrible epidemic in a Tyrolese mountain village which had been for months shut off by the snow from the outer world. This was believed to be due to the stable refuse, in which, probably during the open season, some germ of the poison had lodged. The ignorance of the villagers aided the disease, and its destructiveness was terrific. It is instructive to mention in this connection, as showing the value of disinfection and isolation, an

outbreak reported last year which occurred at a military station in our own Northwest during severely cold weather and during a season of isolation. The medical officer recognized the malady at once and promptly instituted the necessary sanitary measures, and, if we remember rightly, the disease did not spread beyond the family first attacked.

The only reason that can be assigned for the greater (comparative) severity of epidemics in small places than in large, is that in the former there is no sanitary supervision in any real sense, nor will any be permitted. The interference of the health officer is looked upon as personal matter to be resisted, and revenged if necessary, as an unneighborly intrusion. In cities this is not so. The Board of Health is impersonal and works through a police system, and a nuisance pointed out will not be tolerated. In many parts of the country much good has been accomplished—by village improvement societies, friendly emulation stimulating each member to more intelligent and more diligent care of his own premises. But even where no such societies exist, individual vigilance will do much; the careless will be careless still, but the danger will be diminished in proportion to the zeal of the careful. It is not pretended that care can prevent diphtheria with anything like the same certainty that vaccination prevents smallpox, but much can be done, and if the disease does come, there is not added to the trial of dangerous illness the distressing sense of criminal carelessness.

Let, therefore, sunlight and pure air go everywhere about the habitation; if any foul place be observed, see that it is cleansed, if necessary disinfected, and if possible kept sweet and dry. Do not let the slops of the kitchen be thrown upon the ground; do not invite the filth of poultry by feeding them about the door. Do not—but the detail of household errors need not be gone into.

The conveyance of this diphtheritic poison by water and milk is possible, but does not seem, from the evidence, to be common. On the other hand, contagion from various domes-

tic animals, perhaps commonest of all from fowls, seems to be not rare.

But if diphtheria actually has come, what shall be done to prevent its spread? This is a threadbare tale, but must be told over and over again. First, remove, if possible, all children from contact with the patient and from the place of supposed infection. If the latter be not possible, keep all children absolutely away from the sick one and for a long time after the case is ended, as well as from the room where it was ill. Moreover, let no adults who are not much needed go near the child, and let no one attend both the patient and the well children. Such details involve much care, we grant, but neglecting them so often means serious, if not fatal, illness that they must be insisted upon. Instances enough of the results of laxness in this particular could be given, but they are too painful. Let nothing go out of the sick room to other children. We have in mind the setting up of diphtheria in a town in a distant State by means of a doll, the plaything of a child fatally sick of diphtheria and sent after her death to one of her little friends. All things that can be burned with decent regard for economy, should be thus disposed of. For this reason no handkerchiefs should be used, but, in their stead, old rags or soft paper, which can be put into the fire directly or at frequent intervals.

Things that may not be burned must be thoroughly disinfected before using again, or before children are allowed near them. To speak of special disinfectants would carry us beyond the intended scope of this article, but we may say that in boiling water a cheap and powerful disinfectant is always to be had for articles that will bear immersion in water.

There is one source of diphtheria that has not been mentioned which may be best alluded to here, and which is held by many experienced observers to be a very important one. It is contagion from patients able to be abroad. Some are, perhaps, adults, in whom the disease was not sufficiently severe to have ever laid them up, and passed unrecognized. Other are convalescent cases—children main-

ly—who are allowed too soon to be seen about, and who carry to their companions in the house, the school or the street the poison which still clings in the recesses of their throats or to their garments. The guardians of those who have had diphtheria should take care that for some weeks after the membrane has disappeared the convalescents be not allowed to freely mingle with children, if, indeed, they should be with them at all.

On the other hand, probably those who have not the disease may be rendered less susceptible by some little precautions. It is well known to physicians and to many laymen that diphtheritic membranes are not confined to the fauces or air passages, but may appear on any mucous surface or upon wounds of the skin. The throat is the common site of the disease because of the ease

with which the poison can reach it. There is also little doubt that those who have inflammation of the throat, chronic or acute, are more susceptible to the poison than are others, perhaps because of minute wounds of the mucous membrane which admit it. It is therefore the part of prudence to give care to the condition of children's throats, and, if they present catarrhal condition, to teach them to cleanse them by the use of proper gargles or sprays. This may be done at morning or evening or both. Among throat specialists there are a number of cleansing solutions pretty generally employed. A very simple one which answers this purpose very well, and can be made extemporaneously at slight expense, is a drachm (a small teaspoonful) of pure carbolic acid in a pint of lime water.



NURSERY HELPS AND NOVELTIES.

Readers of BABYHOOD are especially urged to contribute to this department descriptions of any nursery articles, not generally known, which may have proved serviceable to them.

The Cry-Box.

LITTLE MARGARET, aged four years, was a very sweet little girl; but she had, since her third birthday, contracted a habit of crying when things did not suit her small ladyship. If she could not have what she wanted she cried; if she could not go where she wished, she cried; and if she had to do anything she did not want to, she cried again. She did not cry for a short time only, but often for half an hour at a time, although her mother never altered a decision after she had reached it and knew it to be right.

"But Margaret," her mother used to say in despair, "why do you cry so, when you *know* you *never* get anything by crying?" "But I *want* it," Margaret would sob, amidst her tears.

Sometimes her mother would go quietly out of the room, and leave Margaret to herself and her tears; but she usually found her with her dismal companions when she returned, so she concluded

at last that leaving her alone did not better things. Besides, she enjoyed no peace at such times, for, although she went to the most remote room in the house, in fancy she heard the little voice sobbing, and saw the small tear-stained face.

Sometimes she took the child and administered a spanking; that was usually more effectual, and the tears soon ceased. Her conscience told her she was right, and she saw, after the first added burst of tears, caused by the punishment, subsided that she had her good little girl again. But it hurt her to touch the tender flesh with the rod of correction—it did not seem right—and she had an absurd feeling that she was taking advantage of the child because *she* was large and it was small. At last she resolved to find some other means of punishment which might be gentle but effectual. Then a happy plan suggested itself, and she lost no time in carrying it into effect.

"Please send me up a box about 4 inches taller

than Margaret, and just wide enough for her to turn around in comfortably," she said to her husband at dinner, the day she had thought out her plan. Her husband raised his eyebrows interrogatively, and received the brief answer that it was for a "cry-box." Margaret opened her eyes very wide, but said nothing. Her father smiled and departed, wishing his wife success. The box arrived soon, and it was not an hour after, that Margaret could not have the silver pitcher to play with, and a spell of crying began. Her mother said nothing, but going to the child, gently picked her up and placed her in the new box; then the astonished child discovered the meaning of the words "cry-box." She was so surprised she ceased to cry, and in three minutes her mother helped her out.

Of course one trial did not effect a curc, but the box was not an agreeable place to Margaret—she could see nothing but the ceiling and the box sides, and, as she was allowed no playthings in it, she was soon ready to be good and be released. Gradually her crying fits became less frequent and shorter. Before many weeks had passed it was only needful to take Margaret's hand when she began to cry, and walk toward the box, and the atmosphere would be sunny again. The box still remains in the nursery, for it is sometimes needed still, and its very presence has a wholesome effect.

C. S. V.

Evansville, Ind.

A Novel Bedfellow.

LITTLE GRACIE rolls about in her sleep like a billiard-ball. Sometimes it is her curly head that I find softly nestled against my cheek; sometimes her feet are thrown across my chest with as much freedom as her little arms, that pull at my heart-strings in a way that defies resistance when they give me "love taps" in her dreams. I think that a warm heart is more grateful even for this spontaneous and unconscious affection of a child than the demonstrations that we expect in waking hours. But aside from the romance of such a charming fellowship, there are calm reasons for regarding the pleasure it affords in the light of a dissipation not to be indulged in too freely. A crib for each little child is well, but not always practicable, and the expedient that we have tried serves a very good purpose when it becomes necessary for two young children to occupy the same bed, or when an older person is called upon to share his couch with a little chick too young to lie still. The device is simple enough to have oc-

curred to any one, but not every one with sleep thus broken has thought of it, or taken the trouble to try it.

What is wanted is a long piece of wood, wrapped with cloth and placed under the bed-clothes, lengthwise of the bed, to serve as a gentle reminder of boundary lines. A curtain pole makes a good foundation, and one is not far to seek in a house where the heavier poles have been replaced by lighter ones. If you buy something for the purpose, a light piece of joist is just the thing. It need not be more than four or five inches thick, after being wrapped in an extra sheet or blanket, and this is not too high for the warm dimpled hands to reach across for little "love taps." One appreciates them all the more with nerves refreshed by sound, unbroken sleep.

East Orange, N. J.

L. C. A.

How to Help Santa Claus.

No child can fully enjoy the pleasures of Christmas time who does not share in the preparation for its festivities and in the fashioning of gifts.

The little ones greatly enjoy the thought that they are helping Santa Claus, or that the wife or that good saint needs the aid of their busy fingers. Straws strung with bright colored disks will decorate the Christmas tree, and with strings of pop-corn and cranberries help to give it a gay appearance. Pretty cornucopias can be made of the woven mats, mounted upon paper heavy enough to make them strong. These, when well filled, can be hung from the boughs.

Beautiful Christmas cards can be made by the embroidery of suitable designs upon bristol-board (Fig. 1), and these, when carefully wrought by



FIG. 1.



FIG. 2.

loving little hands, will be dearer to grandmother, aunt or distant friend than any that could be purchased.

Fig. 2 shows a shaving case which might be made for papa. The front is of bristol-board decorated by a pretty design, worked in silk.

Between this and a plain card at the back are tied with ribbon a quantity of nicely cut pieces of tissue paper.

For mamma a needle-book may be made. A piece of card-board 5 inches long by 4 inches wide should be folded once, so that the shorter edges come together for the covers. Upon one side embroider the word "Needles" in fancy letters. Tie in with narrow ribbon leaves of flannel, and fasten the whole by another ribbon passing around the book and tying at the edges in a pretty bow (Fig. 3).



FIG. 3.

Very pretty calendars can be made similar to Fig. 4. Sheets of paper, marked in checks by water-lines, upon which are written the days of the months, can be sewed or tied to an embroidered card. Variety may be given to these calendars, should a number be made, by changing the design, the shape of the card, or color of the ribbons.

A small thermometer mounted upon a similar card makes a pretty present (Fig. 5).

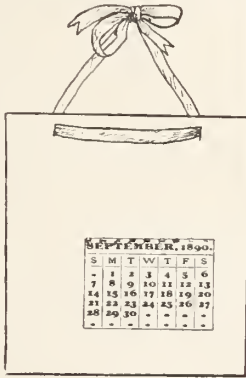


FIG. 4.

A very neat and useful article is a letter case or

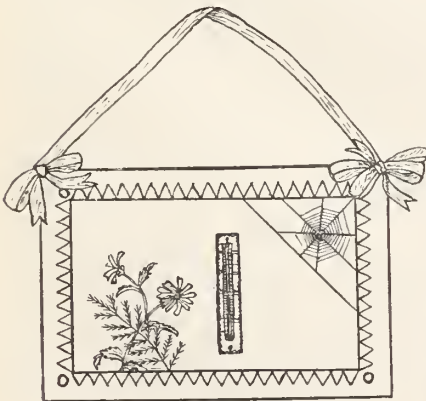


FIG. 5.

wall bracket made from a card 8 inches square (Fig. 6). The card should have three corners folded to the center and tied. The word "Letters" or "Cards," or some pleasing design should be embroidered across the back, and a loop of ribbon tied into the fourth corner by which the pocket may be hung against the wall.

A curious and convenient little gift is made by weaving strips of court plaster with the slits of a card-board mat. Several of these mats may be placed together in a neat pocket case made by the same little fingers that wove the mats, or they may have a fancy cover and hang in the sitting room or nursery.

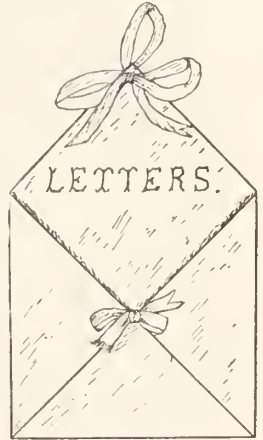


FIG. 6.

The above are a few of many things which will fill happy hours before the Christmas time. It should, of course, be understood that few, if any, of these gifts can be made by little children without the aid of mamma or of some older person who can help to plan and arrange the harder parts of the work.

St. Paul, Minn.

FANNIE M. SLACK.

In a Doll-Making School.

DOLLS this coming Christmas are no longer to be—or at least a great many are not—the shapeless baggy things of the past; they are to be made with the most beautiful curves, and assume the charming appearance of the handsomest maiden. This a reporter of BABYHOOD learned by paying a visit to a doll-making and doll-dressing school in this city.

The Busy Bee, as the school is very appropriately called, was fairly humming with children learning how to make, shape and dress dolls.

The proprietress said :

"Some time ago I saw my little granddaughter trying to dress her shapeless doll with a well-made dress and bodice. I watched the little one's troubled face as she tugged away at the well-fitting clothes, until finally she tore the sleeve off the sacque, and then burst out crying in despair. I sympathized with the little toddling, for I remember in my own childhood I had had just such experience. Strange as this may seem, this set me to thinking, and sud

denly the idea flashed upon me that the system of dressmaking that I use for adults could be reduced to the shape of dolls. I immediately set to work on my idea, and a month later I had designed my system."

The reporter was taken into the school-room, where a number of children were making dolls. The charges for teaching the system are fifty cents a week, and many of the children taught are of the poorer classes, while a large number are of the more fortunate classes, who are learning how to make and dress their dolls for their own amusement.

Approaching a table, at which was working a little Miss of eleven, around whom were innumerable beautifully shaped but headless dolls, the proprietress said :

"I found this child two weeks ago, shivering and crying in the rain. I learned that she was an orphan, sent out from Ireland to some relatives here, who had turned her out into the street. I brought her here, gave her clothes, and am boarding her. To-day she is able to make her own living at doll-making and doll-dressing."

"Show this gentleman how a doll is made," the lady said, turning to the girl.

Taking a piece of twill, about half a yard wide, the little waif began making what seemed to be geometrical figures; then she cut these out, put them together under a sewing machine, filled the shape with some fine sawdust, and, presto! she handed the reporter in less than five minutes as pretty a shaped doll as one could wish. Then her teacher had her dress it, and a right pretty well-shaped suit she made.

"This school is the accomplishment of my dearest wish," said the teacher. "I had often thought to myself that I wished I could do something that would benefit the children of the poor, especially of those who live in tenement houses. It is to the latter class especially that this system of doll making has already proved a great benefit. Most of these children here have just come out of school. Their parents pay the fifty cents a week, and the little ones bring their own materials. Everything they make, dolls and dresses, is their own, and there are many children I know of now who are earning a good living out of their spare hours. There is no mother who hasn't got remnants of dress goods, flannel, linen, calico, for which she has no use, and which ultimately have to be thrown away. Now these children bring these things here and shape them into dolls and dolls' entire outfits. It teaches them also the art of dressmaking, as the adult system is only the enlarged doll system."

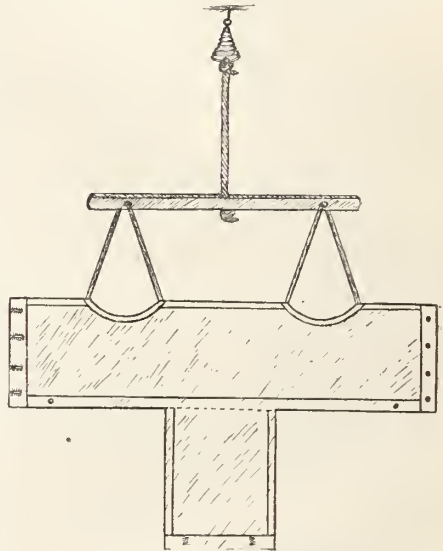
Dolls' schools have been started in Jersey City, Brooklyn and Mount Vernon, and the inventor of the system intends to open schools in every large city in the country.

Home-made Baby Jumper.

I WANT to describe my baby jumper of domestic manufacture. I know that there is a prejudice against jumpers generally, but my home-made one I am sure is helpful rather than hurtful, and is made at such a slight expense that any one can try the experiment, at least.

The jumper requires for its construction a large staple to fasten into the ceiling; a strong spring to which about 3 feet 6 inches of small rope is attached. The lower end of the rope slips through the middle hole in a bar of wood 22 inches in length. At the ends of this bar are two holes through which the straps of the jacket go.

The jacket is made of a strong piece of linen 28 inches long and 9 inches wide, with a piece of the same fastened in front to the lower part of the jacket.



If we have plenty of cloth this jacket may be cut whole. Two straps should be made, each 50 inches in length and about 2 inches wide, and slipped through the outer holes in the bar, the four ends of the straps being placed about 5 inches apart on the upper part of the jacket. The jacket cut out a little under the arms, four buttons and button-holes in the back, and two buttons and button-holes to fasten the piece that goes between the legs to the jacket in the back, and the jumper is ready for Baby's use. The length of the rope depends on the height of the ceiling, for when the baby is in the jumper, his feet must just touch the floor. The band that goes between the legs being so wide furnishes him a seat if he is tired, and does not cause any discomfort, as a narrow one would.

Baby in the jumper can strengthen his legs by drawing himself up and down, and dancing without any weight bearing on his feet.

My baby was a delicate child, but has developed wonderfully during the short time he has owned a jumper, and I find he sleeps so well after exercising in it before going to bed.

Rochester, N. Y.

B. A. L.

Japanese Stomach Protector.

I ENCLOSE a little Japanese nursery article. It is quite a gay one, but I thought you might be interested in seeing a boy noted in a Japanese children's story for his great strength and power over all animals. A Japanese doctor recommended it to me for Baby. All children here wear it, and many of my American friends have fol-



lowed my example in putting it on their babies, although we have chiefly used flannel.

As you see it is simply a square, one point (velvet) at the neck, two points being used for the ties around the waist, and one coming down well over the stomach and bowels. On the warmest days my girl wears only this and thin cotton drawers, waist and dress. For such climates as this I recommend it most highly. My baby has not suffered from summer or bowel complaint since wearing it. I find many Japanese remedies very sensible, and this the simplest and best.

C.

Mito, Ibaraki, Japan.

[We have received from another correspondent the enclosed illustration of how babies of the well-to-do classes in Japan take an airing, which may be of interest to our readers. The little things evidently do not suffer from want of clothing.—Editor of BABYHOOD.]

THE IDEAL NURSERY-MAID IN AMERICA.

BY MARGARET ANDREWS ALLEN.

THE interest awakened by "H's" fifty questions asked in *BABYHOOD* concerning the problem of the nurse maid has not yet died out, and although my qualifications for answering any of these are decidedly negative, I hope to be allowed to join in the discussion. I never had a nurse-maid, properly so-called, but the substitutes for such a maiden that I have had have proved very conclusively to my mind what the ideal nurse-girl should be, and have given me decided ideas how we can procure her.

To begin with, the whole question is involved in the general servant-girl question, which perplexes so many of our households; and the underlying difficulty in the whole case, to my mind, is the social status of the servant-girl or the woman of any kind who gives her services to a family for hire. In the larger cities, of course, the class distinctions are, in a great measure, settled. But in our smaller towns, especially those of the West, the girl who works in your kitchen or tends your baby may belong to one of the leading families in her country home, and feel the dignity of her father's broad acres. She comes to town to do something for herself, to learn and improve herself, and see something of the world. She comes with a feeling that this "working out" is only a step to something higher. She is not taking up a life work, and consequently has not so high an ideal of the quality of that work as one might wish; but as a general thing, these girls who come to us from country homes come with an honest desire to do their best.

Now, how are they met? First, with an intimation, either spoken or otherwise, that their position is below us, and their work of a character we should scorn for ourselves. This weakens their loyalty to us, besides giving them a distaste for their work and a feeling that they are lowering themselves by doing it. Then come suggestions of changes in their dress and manners, the nurse-maid's cap and apron, the badges of servitude—not as they should be, the honorable badges of a much-respected office. Next comes the lawless rudeness of the children, taught by example, if not by precept, that their father's money is able to transform a helper into a slave, with human feelings all blunted, bound simply by

money. Look at the experience of Louisa Alcott, on her first venture into life, when she tried to work in a Boston kitchen. The story runs—whether true or false I cannot say—that on Sunday morning the young men of the family tossed their boots into the kitchen for her to black, and she left. Whether true or not of Miss Alcott, it is true of many another girl whose story has never gained publicity. We may be entertaining unaware, as our servants, a Louisa Alcott or her kin. They may come in a rough guise, crude and unpolished in the extreme, but I believe that, in many cases, if we look for the true gold we shall find it.

Here is a case in point: A friend of mine, many years ago, engaged a nurse-girl of such a sullen and unattractive type that all her friends marvelled at her choice. She was a shock-headed Irish girl from a shanty down by the canal, in the worst quarter of the town. Mrs. B.'s friends protested, said the girl's sullen temper was enough to ruin Mrs. B.'s children, and she would surely repent her choice. But Mrs. B. was a woman who knew her own mind, and had a keen insight into human nature. She said: "That girl is the victim of circumstances; she never has known kindness, and she needs it. I will not give up without a trial." So she studied the girl from day to day. Mrs. B. soon found she was absolutely faithful, a hard worker, quick to learn, and interested in learning. She discovered that her spare moments were devoted to the chance arithmetics and geographies left around by the children, and this suggested another way of brightening her life. Mrs. B. proposed that she should study the common branches in such hours as she had after her work was done, and prepare herself to get some "schooling" after the baby was old enough for the family to spare her some hours of each day. From this time Mrs. B.'s friends began to notice Sarah's changed appearance. She smiled, her manners became courteous, her dress improved in neatness and taste, and the effect of refining influences was apparent in every act. In the course of a few years the longed-for school-hours were given her, and well did she improve them, working harder in her hours at home, so that Mrs. B.'s interests need not suffer. Several friends of the family

became interested in her, and after leaving the common schools she was supported by their kindness through a normal course, and on graduating began her teaching successfully on a salary of \$600. During all her normal school life she spent every vacation at Mrs. B.'s, waiting on table, caring for the children and turning her hand to any work needed for the family. After going out into the world to her teaching she wrote to Mrs. B.: "If you promise me one thing I shall be quite happy about going. If you need any one to help you, or if you are sick and need any one to take care of you, you will send for me. I cannot express my love and gratitude to you."

I have told this true story in detail, believing that a practical illustration like this goes more thoroughly into the root of the matter than much theorizing. I have known quite a number of similar instances, but one is sufficient to illustrate my point.

I acknowledge that seed thus sown often falls

on unfruitful soil—like much seed sown in other fields, but one success is a reward for many failures. And, moreover, this work is not entirely philanthropic. The advantage to our own household of faithful, intelligent servants is beyond computation.

When we admit this essentially American idea, that merely the accident of wealth has placed us as we are, and that our positions might sometime be reversed; when we acknowledge that our nurse-maid has a nature akin to our own, and show a human interest in her welfare, not merely one of dollars and cents, we have gone far towards placing the serving class on a right footing and truly elevating the calling. When this is brought about, the girl of moderate means, who wishes to better her condition, will not be driven to sewing and its attendant consumption, but seek health and happiness and independence in the care of our children or the work in our kitchen.



SUGGESTIONS CONCERNING TOYS AND AMUSEMENTS.

BY ELIZABETH EGGLESTON SEELYE.

THE baby girl of to-day has extravagant dolls, elaborate mechanical toys, games, books, pictures and devices of all sorts thrust upon her long before she has begun to comprehend their use, much less have a desire for them. The baby boy is equally unfortunate. He has an elaborate hair-coated spring-hung hobby-horse presented to him before he begins to ride a stick, together with much the same conglomeration of so-called toys owned by his sister. As a result, everything is consigned to indiscriminate destruction, and the unlucky child begins to "annoy himself," as some foreigner has expressed it, very early in life. The babies of the old time, for whom these little spoiled moderners are nowadays named, thought themselves lucky with a rag or wooden doll and a hoop on the one hand, and with a very primitive hobby-horse and top on the other.

Any one who has compared the plays of the city children with those of the still unspoiled children

of remote country districts, cannot doubt that the child with few and simple toys, who depends mainly upon his own imagination and inventiveness for amusement, is the happier and better instructed by his plays. Those who remember the delights of making a cook-stove out of an oyster can, setting a table with bits of broken crockery, playing house in a store box, galloping about on a high-mettled stick, dressing dolls out of the piece bag, or keeping a poultry yard with bits of twisted paper for fowls, pity the modern child who all too frequently sits disconsolate among his numerous toys, tormenting his elders for "something to do."

The world cannot go backward; the toy-shops are here, and children must see their contents; moreover, the indulgent relatives are here, and they will see that the modern baby has all that he desires, and far more than he has ever thought of. Some discrimination can, however, be used in the purchase and use of toys. Only those

playthings are of real value which exercise the child's fingers and brain, and children very quickly tire of all others. A baby's first toys should be objects of all shapes, which can be easily handled. The toy manufacturers would do well to furnish boxes of such things for the amusement of young babies. In all the wealth of the toy-stores there is little to be found for the wee one who cannot yet use his legs, and must depend upon experiments with his eyes, mouth and fingers for entertainment as well as for instruction in the nature of solids.

In default of something better Baby's toys basket may contain, beside the usual rubber articles for which he has some contempt, an old-fashioned tin rattle, the immemorial string of spools, some large glass bottle stoppers, big marbles, a jumping-rope handle, a stocking darning, one or two spools with handles made of a smooth stick thrust into one end, a muffin ring, some large porcelain beads strung on a strong cord, variously shaped pieces of wood with handles, some odds and ends of doll dishes, a string of buttons of harmless colors, several clothes-pins, the handle of an old pen-knife—in short, innumerable little odds and ends which may be laid by for this purpose, and which will help to pass many an hour for the small tyrant of the household.

Especially should Baby have two sets of toys, and when he tires of one, have a fresh lot substituted, while the old one is put away to become new in his eyes after a few days.

The older child should have, first of all, a plentiful supply of building-blocks. Most children are untiringly fond of blocks for the reason that of them they construct something, using their brains; and those toys only are of value which enable a child to do something for himself, to imagine and to invent. Blunt-ended scissors are another invaluable toy. With these and some old papers a child will spend hours cutting out various shapes, and every day acquiring more skill in their use, thereby adding to his education. If he be taught to sweep up the cuttings after he is done, he will soon do this with cheerfulness, and thus gain in discipline, learning not to get his pleasure at the expense of making work for others, while another half hour will be whiled away. A pencil and paper, as well as a slate and pencil, should be always on hand for each child in the family, and the child will by constant practice gain not only many an hour of harmless pleasure, but a considerable facility with the pencil which cannot fail to be of after use to him.

A needle and thread is another treasure for a child, and, used under the mother's eye, need not lead to any accident more serious than a finger-prick. Children delight to sew cloth into little bunches, and string beads or daisy chains. Again, a hammer and nails, with some boards and blocks to drive nails into, are a delight to boys and girls. A blackboard with colored chalks is still another toy of value. There are also some very pretty kindergarten occupations prepared for family use, though children require a little intelligent training to make good use of these.

Every little girl should have her doll. Without doubt the mother-instinct should be satisfied, but there is a difference between a real doll-baby, to be loved and petted, and an over-dressed puppet to be used as an object of vanity. It is better that there should be but one doll, at least for a long time, to be loved and cherished as the only darling, rather than that the child should be cloyed by so great a number that the mother-feeling is not developed for any of them. Neither should a small child be given a fine French doll to begin with. It is best that she should have first a plain and durable doll, and be only allowed more expensive and destructible ones when she has learned to value and care for them.

A little girl's dolls should not be too completely dressed for her, and she should be encouraged to make her own doll clothes, beginning with the simple piece of cloth with holes cut for head and arms, and advancing to more complicated garments. Boys should by all means be allowed dolls, if they show any taste for them, since those plays which develop gentleness and the affections have a peculiar value for them.

Paper dolls have also a great and quite different charm for little boys and girls, since with them they construct a miniature stage, making their dolls go through all the scenes of life as they understand it, and thus using their imagination in a great degree. Dolls cut from old fashion-plates are often more valued than those of the toy shops.

The paint box is another toy which does not lose its charm, for the child delights in producing crude colors.

It seems a sin to furnish children with toys so complete that there is nothing left for the imagination to do—that wondrous child's imagination which creates a fairyland out of the meanest object. Instead of this, children must have their fancy forestalled by a ready-made fancy retailed to them or their benevolent elders from the toy

shop counter. What are we that we should brush off the delicate bloom of a creative gift which finds a charm in the simplest object, makes diamonds of pebbles, plumes of roosters' feathers, and treasures the veriest weeds, like the child who brought home some dry, frost-nipped and blackened remains of last summer's blossoms, which rattled together in the wind, exclaiming with delight that she had found some "burnt-out daisies and some laughing roses."

I once knew two little girls who spent part of their childhood in a western village. Their father was then on a small salary, and they had few and inexpensive toys, but they were as happy children as ever were, living in a world of fancy and invention. While they were yet children there was a change in the family circumstances and a removal to town. The children had the supposed privations of their early childhood atoned for by a bountiful supply of handsome toys, with the unlooked-for result that for the first time they became subject to fits of discontent and *ennui*, forgetting all their charming old games of fancy, the outgrowth of these very privations. The change from country to town may have had something to do with this. A fine place, with a well-kept lawn, has few charms for childhood; there is nothing equal to a farm, or at most an old-fashioned country yard. Give children free run, a sand heap, plenty of old boards, sticks and stones, together with some kittens and puppies, and the world holds no better toys. In fact, no toy has the charm of a live pet. Many a parent will spend large sums on toys, and yet refuse to be troubled with a puppy or a kitten, with which the child would run and roll by the hour in perfect animal content, gaining untold treasures of health.

When toys are bought, they should certainly be as durable as possible, and manufacturers should be encouraged to put a better kind of toy on the market. The rabbit whose skin comes off piecemeal, the train of cars which runs but a few hours on soft leaden wheels, the cart whose felloes swell and burst off with the first shower, the doll whose joints separate and whose scalp is speedily shed, revealing a vacant head piece, are often a bitter disappointment, and encourage children to be destructive, since they can hardly be otherwise with such

contrivances. A child's toys should first be durable, and next, their owners should be taught to be reasonably careful of them, and thus form a habit which will be of real value to them in after life.

The "handy" person of the family who can repair damages to broken toys is justly regarded by children as their greatest benefactor. I have myself the pleasantest recollections of a certain uncle who played doll's doctor, using the glue pot with great ingenuity, and carrying an assortment of doll's eyes around in his pockets. Any mother can contrive to repair many damages after a fashion and thus delight the children without interrupting the continuity of regard which they have for an old toy by substituting a new one.

Perhaps the most worthless of all inventions for children is the delicate or weak mechanical toy. The child gets a few moments of wonderment out of it, and then if allowed his own way, speedily reduces it to simpler elements and puts it to far other uses than that for which it was intended. It is also my observation that children, as a rule, care little for the ordinary toy book. They would far rather have the illustrated periodicals of older people to turn over, and in fact appreciate fine and minute pictures in black and white more than they do the exaggerated figures and high coloring of the common toy book. In truth toys are made more with a view of coming up to older people's notions as to what children want than from any observation of their tastes.

Of course the toy manufacturers are not responsible, it is the purchasers who buy their tawdry and useless wares who are to blame; it being a simple matter of demand and supply. It is not to be expected that there will be any great reform in the toy trade, since there will always be plenty of people who will buy toys injudiciously and as a mere matter of display; but careful parents can early consign the remains of the worthless articles that find their way into the home to a well deserved oblivion, and teach their children to exercise some care and make some use of those which have any real value; discouraging them from a desire for this or that gaudy and worthless trifle merely because the next-door child possesses something of the sort.





BABY'S WARDROBE.

Baby's First Costume.

I WISH to add my testimony to the excellence of the "Gertrude Baby Suit," now so familiar to the readers of *BABYHOOD*, but I found that even it had some defects.

First—If the flannel band is removed "when the navel dressing is taken off," as the doctor advises, the bowels have no adequate protection against changes in temperature. I found that a soft knit woolen band, which could be easily slipped up over the baby's feet, saved my little daughter many attacks of colic. The lower part of the band should be caught by the diaper pin and fastened to the diaper. If more convenient, the band may be made of soft flannel and loosely fastened with three small safety pins. This band is in summer one of the best preventives of summer complaint. Many physicians say it ought to be worn at least two years. Of course when the little one wears a woolen shirt the band is unnecessary, as the hem of the shirt can be caught by the diaper pin, thus leaving the abdomen still covered with flannel.

Second—I found that when my baby wore the Canton flannel next to her body, her chest, neck and arms were covered with heat rash during the hottest days.

Third—Tying both the flannel and Canton flannel garments behind left the baby's back unduly exposed. So I made sleeves for the flannel garment (seams all outside) and tied it behind with three ties of very narrow silk ribbon. This she wore next to her body. Flannel, being a much better conductor of heat than Canton flannel, is cooler and yet furnishes much greater protection against cold and change of temperature. Result of the change—no more heat rash, even at ninety in the shade. I made the Canton flannel garment without sleeves and buttoned it in front with four buttons. This protected the little back from cold. When all the garments are fastened behind, you frequently see a tiny strip of cuticle which Baby must find very uncomfortable.

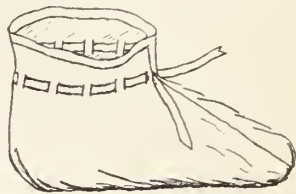
After making the above changes it seemed to me that my baby's suit was as nearly perfect as possible.

M. A. W. RODGER.

Lincoln Hill, Humshaugh, Higham, England.

Home-made Moccasins.

WHEN short clothes were decreed for Baby, and the dainty moccasins sent by loving friends proved far too large, then ingenuity came to the front, and the "glory holes" were ransacked for a chamois skin. This found, a piece was cut like the accompanying pattern, which is half the actual size. After "over-handing" the seam up the back, the top was bound with white ribbon, the seams in front and across the toes sewed up over-hand, little slits were cut around half way up, and white ribbon run in for the ties, completing the soft little sock.



Such dainty little affairs they are and *washable*; moreover, they may easily be made in a little while. The tiny maiden kicks her feet in the air as if to say—proclaim the fact to every mother in the land.

J. J. L.

Asheville, N. C.

Pajamas for Nightwear.

OUR little one, for the past two winters, has been wearing night drawers with feet; but I found they became uncomfortable, as there was no division between the waist and legs, and therefore there could be no allowance made for shrinkage of goods or growth of the child. The only thing that could be done was to cut the garment at the waist line and insert a piece of the goods all the way around.

I thought of double gowns for this winter, but gowns always *will* creep up and leave the little legs bare; so I determined to try the plan an acquaintance had adopted for her children, and make little "pajamas" of flannel—half-wool flannel, or some that had been previously shrunken. I believe the patterns can be bought, but a loose drawers pattern, fastened at the ankle, will do for the lower part, and a sacque pattern, fitting comfortably and reaching some distance below the waist, will answer for the upper part.

Little socks can be worn to protect the feet, if the child is in the habit of kicking the covers off. Some of our friends' children who were quite large were wearing these pajamas in preference to any other night robes. C. S. VALENTINE.

Evansville, Ind.

Winter Fashions.

BABYHOOD regrets to observe a tendency to increase the length of skirts of children who are able to walk. Skirts have already been long enough to seriously embarrass, and even endanger, the uncertain steps of toddling babies. Now they are cut of a length barely escaping the ground, momentarily threatening their wearers with ugly falls, impeding that freedom of motion which is the chief grace of childhood, and stimulating a consciousness of their apparel most unpleasant in little folks. There is a notion that such exaggerations in the dressing of children are picturesque, and, therefore, beautiful; but it is the picturesqueness which becomes theatrical, and no more suits the every-day needs of our children than does classical drapery—artistic though it be—fill the requirements of a nineteenth century business man.

There is an evident inclination to return to bright colors—notably all shades of red—in the clothing of children no longer requiring washable fabrics. In camel's hair, tricot, serge, cashmere, flannel, in all of which materials frocks and coats are made, from two-year sizes up, vivid blues, greens, and the shades of yellow deepening into brown as

well as red are to be found. Scotch plaids of all clans are very popular, and they are commonly combined with velvet or velveteen both in dresses and cloaks. On frocks of plain colors and plain goods, the trimming is still chiefly machine stitching, feather stitching, and small ornamental buttons sewed on in groups.

Cloaks are still chiefly cut with straight, round waists and full skirts, gathered or plaited to the waist, according to the flexibility of the goods. In most of these garments the three overlapping capes, the upper one being really the collar, appear as last season, with every variety of sleeve except the plain and simple. For those who must have novelty at all hazards, the waists of these coats are sometimes made of a second material (introduced also into collar and cuffs), such as velvet, plain or brocaded, woollen brocade or matelassé. When this is done the three capes are left off, and some kind of trimming—much too frequently fur or yak fringe—is used round neck and wrists. Coats are usually lined, nowadays, with either silk or farmer's satin, with an interlining of flannel when needed for warmth, in place of the clumsy quilting of former seasons. When very heavy cloaking material is used, it is frequently not lined at all, the seams being opened flat and bound on each edge with ribbon or soft binding, and the hems being faced down flat also. Garments of this character are often cut with the backs whole from neck to hem, and the necessary fullness in the skirt laid under in pleats at the waist line. The fronts of the waist are cut plain and round, and the front of the skirt very scantily full on at the belt-line. In very thick stuffs this is a less clumsy method than sewing the entire skirt on at the belt.

From the pretty, simple and snug-fitting caps that have been so comfortable and becoming to little heads for seasons past, the most violent change is making to every possible eccentricity of shape and style. Caps that turn up with a peak in front and down with a flap in the back; caps that turn up broadly in the back and down closely around the face; caps that stand up in high puffs and frills and plaitings both front and back; caps with every kind of pucker and point, fine of material and dainty of workmanship, and always and utterly unsuited to the purpose for which they are made. They cannot be comfortable because, in order to keep their odd shapes, they must be made on some sort of frame, which cannot be as soft as it ought for sensitive baby flesh. If they were not the fashion they would be called excess-

ively ugly, and, as it is, conservative mothers prefer, from all points of view, the little cap matching or harmonizing in texture and color with the coat. The queer, new caps are usually made of surah silk, on account of its flexibility, and, more often than not, of white silk, which may be worn with any color of cloak.

Indoor sacques this season seem to be more the mode made in materials, with delicate embroidery for ornament, than in crocheted or knitted wool. Cashmere, finest flannel, both in white and colors, camel's hair and ladies' cloth—the last is too warm for ordinary house wear—are all in favor. The flannel and ladies' cloth garments are often finished with a double edge of small pinked scollops, the outer edge lapping but not covering the under edge. Very small gilt buttons are added for ornament. Sacques made of these stuffs are

more useful than crocheted and knitted ones, because they can be cleansed satisfactorily, which the others cannot be. Indoor sacques are much less used than formerly, both on account of more evenly heated houses and greater evenness and warmth of the under dressing of little ones.

Knitted shirts have gone almost out of market, owing (partly) to the greater convenience of merino shirts buttoning from neck to hem, and partly to the growing popularity of the Gertrude suit, which obviates the necessity of any shirt at the age when knitted shirts were formerly worn. That exquisite article, the lace-trimmed linen cambric shirt, which was the pride of our grandmothers' baby wardrobes, has become simply a matter of tradition and curiosity, and has no place but in trunks, with heelless slippers and high carved back-combs.

NURSERY PROBLEMS.

Phimosis.

To the Editor of BABYHOOD:

May an anxious mother request more information regarding phimosis? Her first knowledge of such a possible trouble came through *BABYHOOD*, since which time she has asked two different physicians to examine her little boy, five years and seven months old, whose health has occasioned much anxiety. The first one said: "I hardly think there is enough difficulty to warrant an operation." The second one said decidedly it should be done; but after talking with physician No. 1, seems to waver in his opinion. Now "when doctors disagree, who shall decide," but *BABYHOOD*?

This boy was very ill during his second year, and the object of much care both from physicians and parents for another year. They failed to understand the case, though it seemed to be some trouble in the alimentary canal. He is subject to sudden and high fevers. He has a very uncertain and capricious appetite, living still, at five years, principally upon milk. Within a year his passages from the bowels have assumed a good color and appearance, but his general condition is not satisfactory. His hands are frequently dry and hot and he is languid and often fretful, which is not natural, as he has a rarely sweet and frank disposition. He weighs 40½ pounds and measures 3 feet 5½ inches in height, which I think is below the average. Will you kindly answer the following questions and add any advice that you may think desirable?

(1) Can phimosis exist without causing any local disturbance?

(2) In what way are its evil results usually shown?

(3) Is the operation at five years of age sufficiently more serious than at a younger age to cause hesitation in performing it upon a delicate child?

(4) Do you think it may have been the cause of some of the troubles of the child mentioned above, or that if it exists it could be the cause of his continuing in his present thin and not quite wholesome condition?

(5) Does phimosis cause disturbance of the nervous system?

We notice at times when this boy seems not usually well a slight turning outward of one eye, giving him the appearance commonly called "wall-eyed."

Any advice will be most gratefully received by
AN ANXIOUS MOTHER.

(1) Yes. In childhood phimosis is probably the rule. The cases in which it causes irritation are, we believe, the exception. A great deal of confusion exists in the popular mind, at least, regarding this matter. Phimosis means simply such a narrowness of the opening of the foreskin that the latter cannot be drawn back. Such a condition may be a cause of irritation, commonly it is not. On the other hand, in some cases the foreskin is adherent to the glans, a condition which is normal before birth and often persists for a while afterwards. This condition is much more likely to cause irritation, and the effects of two distinct but frequently co-existing conditions are often confused.

(2) The effects are, first and by far most commonly, purely local; irritation, erection, and, in extreme cases, difficulty in passing water. Secondly, irritation of parts near by, such as is expressed by the inability of the bladder to retain urine, bed-wetting, etc. With this may be grouped rupture, said to be caused by straining in passing water. These last cases are open to doubt, for those who are circumcised for religious reasons

are at least as subject to hernia as those who are not operated on. Last come occasional, and, as we believe, rare cases in which remoter nervous disturbances of various sorts arise. A good many years ago the Editor did his part in calling the attention of the profession to this subject, but in his opinion it has been much exaggerated in importance, and it has become a fad among mothers, in some sections of our country, at least.

(3) The operation, well done, is not serious; the anæsthetic is the main thing. The truth, we think, is this: The operation may be safely done on most children; it may or may not be advisable, according to the needs in each case. If local difficulties of the group mentioned first exist it will probably help. If bed-wetting exists, it is worth trying. In case of nervous irritations, it is only one thing among others to be tried, because of its possible causative relation of the phimosis to the nervous state. But in every case we think it advisable to ascertain if simple dilatation of the opening of the foreskin and the turning it back be not all that is needed.

(4) Of course it may have been, but there is nothing mentioned that makes it probable.

(5) See answer to (2).

To sum up: The operation can probably be performed without danger and without much distress to the child. But you must not expect too much from the operation; for you may find no effect on the ailments, and be obliged to content yourself with the minor advantage that the operation renders local cleanliness easier, and the probability of future irritation less.

A Fondness for Dirt-Eating.

To the Editor of BABYHOOD:

I would like a little advice of you concerning my boy. He is now twenty-two months old, is a very strong, healthy child, weighing 30 pounds, and has sixteen teeth. He takes about three pints of milk daily, besides a little oatmeal, a soft boiled egg and three or four graham crackers. He usually sleeps well, and during the day is busy with his play every minute of the time, but—he eats dirt, all that he possibly can eat when no one is watching, also lime.

I have tried punishing him for it, but it is of no use. Now, can you tell me what is the trouble? I think there is nothing wrong with his diet, and yet I can't understand why he should crave it. He has had the desire, I think, nearly a year.

Woonsocket, R. I.

M. M. M.

The subject of dirt-eating, although it has been a good deal written about, is quite obscure. Sometimes—and the desire of your little boy for lime gives some color to the supposition in his case—the inclination is supposed to depend upon a real

need of the mineral constituents of food which are not supplied in the usual way. Sometimes, and probably oftener, it has been attributed to a neurosis (nervous disarrangement) of the stomach. Often it is only a temporary symptom, like the very common trick of anæmic school girls of eating slate pencils. In some countries and among some races it is a permanent habit, often hereditary and seemingly not injurious, certainly not markedly so. Occurring, however, in a young child who could not have been taught it, it should become fully investigated; that it is to say, you should get the best medical man you know to carefully examine the child, to seek for causes of the morbid appetite and, if possible, to remove them.

Another Case of Dirt-Eating; Probable Deficiency of Lime.

To the Editor of BABYHOOD:

For the past seven or eight months, my little girl, twenty-one months old, has shown a great fondness for eating plaster and dirt. We live in a new house, the walls of which are sand-finished and badly cracked. I find it impossible to keep her entirely away from the cracks, and have frequently taken gravel-stones from her mouth, which she had picked from the wall. When outdoors, she will literally fill her mouth with dirt from the paths or flower-beds, and has even been found picking mortar from between the bricks.

Since she was weaned at six months, she has lived upon milk, diluted with barley-water, until recently, when I substituted rice-water by my physician's order. For three months the food has been sterilized; before that it was scalded and cooled. I have added lime-water when her bowels have been loose. She has five meals a day, and has eaten no solid food until the past week, when I have given her bread boiled in milk once a day.

She weighs only 25 pounds with ordinary clothes, and is much smaller than either of her sisters at the same age. She did not cut her first tooth until nearly ten months old, and had only two at fourteen months; now she has twelve, eight of which have been cut during the past three months. She looks very white lately, and her legs seem to me to be not quite straight.

(1) Is it usual for children to have such an abnormal desire to eat dirt?

(2) Does it point to some defect in diet?

(3) What can I do to break her of this habit?

Summit, N. J.

G. B. C.

(1) It is not usual. (2) Notice what has been said to another correspondent on this same subject. In the case of your child, it is more probable than in the other that there is a real deficiency of lime, and we would suggest that it be given in some medicinal form.

(3) The only treatment is to remove the cause, if it can be found, and thus, perhaps, remove the desire. Beyond this nothing but actual restraint has been discovered that we have ever read of.

The Evidence of the First Tooth.

To the Editor of BABYHOOD:

My baby is eight months and a half old, and her first little tooth is just pricking through. (1) Does she need any additional food than the breast milk now? and (2) when I wean her in January (she being then a year old), what shall I feed her? She is very strong and healthy; weighs 20 pounds.

A CHICAGO MOTHER.

(1) The fact of the tooth showing is not evidence of the need of other food. That must depend upon whether you seem to have sufficient breast milk for her or not. If you have not, you may give her food in place of one or more nursings.

(2) Cow's milk, preferably "top milk," diluted somewhat, say one-third at first and slightly sweetened. Add a little lime water. After a time the proportion of milk can gradually be increased.

An Explicit Story of a Wakeful Baby.

To the Editor of BABYHOOD:

We have had BABYHOOD in our home ever since the month our little Dorothy came into it, and have received much valuable information from its pages, but have never as yet asked advice through its columns, though I have often wanted to write, but I have feared I could not be brief enough for you to give room to me.

Baby was a year old in October, and though a very small-boned baby, is plump, weighing 16½ pounds. She has never been sick but once, and then it was a severe cold. For the first three months she was a very fretful baby, but I believe it was partly due to milk and foods that disagreed with her. We gave Mellin's Food a three months' trial, but it seemed to be too heating for her blood, so at six months old we tried milk alone, and since then she has taken only milk slightly sweetened. It is from one cow, and we get it twice a day, and she has taken it undiluted for several months; but it seems to agree with her perfectly. She has never colic; never has any pains; has not vomited since she was three months old; has a movement every morning which shows perfect digestion of the milk and is a good color; has cut four teeth very easily, without any disturbance to the bowels, and is a very well and happy baby, good in every way but about going to sleep, and it is in regard to this that I so much want advice.

Baby still eats five times a day, and once during the night, which I know is against your ideas. But she wakens from once to five times during the night, and as we have such a siege every time to get her to sleep, we have (I fear for our own good) given her her bottle. We have always taken "turns" in sleeping in the room with Baby, but nevertheless it is hard to get up at the usual time and go on with our respective duties, when the night's rest has been so disturbed.

So, dear BABYHOOD, because at 7 P.M. we have had such a time to get this little "fighter" to sleep, and because she wakens so frequently some nights, do please try to be lenient in your condemnation of our night feeding. From birth she has always fought against being put to sleep, and it takes from ten to forty minutes to get her to sleep. Out of curiosity we have tried every imaginable way to put

her to sleep, except walking the floor with her, but have never been successful in any way but laying her on the bed and patting her. But the moment she realizes she is being put to sleep, she begins to cry—not a cry that works upon our feelings (though it does upon the feelings of some of the relatives). Is there any way but to fight it out? Can the habit be broken?

If you advise us to let her cry herself to sleep we are going to try it, though we know just how unmercifully cruel and heartless we would be thought if any of "our folks," who are not in sympathy with our regular hours of feeding, putting to bed and giving "doses of wholesome neglect," should happen in when this "first baby" was crying.

Since the fifth month Baby hasn't averaged more than two hours sleep during the day. And she has frequently gone from 6 A.M. to 7 P.M. without any sleep, though I always try faithfully to put her to sleep. I must confess I have often failed.

I have not been able to condense, I see; but if you will only be kind enough to answer the questions below, I shall be very grateful to BABYHOOD.

(1) Is milk alone sufficient, if the quantity is increased? And for how long?

(2) Shall I change to four feedings? And do you advise our not feeding Baby between 6 P.M. and 6 A.M.? Or do you suggest a 10 o'clock feeding?

(3) When ought a baby to be weaned from the bottle?

(4) What do you advise in regard to getting Baby to sleep? FIRST-BABY MOTHER.

Englewood, Ill.

(1) Milk alone will do for some time yet. A child of a year or less who can really digest cow's milk pure has a good digestion. When the kind of food is varied, it may be that you need not give so much milk (we do not notice that you mention the exact amount taken daily). Although milk will do for an entire diet, still we think it usually better to give some variety, such as cereal preparations, thick gruels or porridges, after a year and a half and even earlier if the molars have come and the digestion is good.

(2) You put your case so clearly that we see your difficulty in adhering to our general advice of abandoning night feeding before the baby is a year old. We are inclined to think that a meal about the time you retire, which we suppose will be the "ten o'clock feeding," the best compromise if you must continue any night food. Of course a well-fed baby does not need night food, but your strength must be considered.

(3) There is no fixed rule. But there is no need of a bottle after a baby would be old enough to be weaned if it were on the breast. There are disadvantages in its prolonged use. We think that your baby would better be weaned from the bottle as soon as practicable.

(4) We have no patent method and you give us no clue to the cause of the baby's wakeful habit. We have seen many wakeful babies, and we have seen just such as you describe yours to be, who

resisted the idea of going to sleep. One in particular we remember who "went to sleep at the top of his voice," who could only be peaceably put to sleep by an ingenious aunt who held him at arms length upon the point of her knee, trotting him. He did not suspect that he was being put to sleep until his nodding head fell upon his breast and he was gone. We tell you this as a hint only. As regards the "crying-it-out" plan, we can only say, do not begin it unless you feel sure you can carry it out in spite of bystanding friends. To begin and fail would only increase your difficulty by and by when you must take up the struggle.

Combined Nursing and Bottle Feeding.

To the Editor of BABYHOOD:

Do you think nursing and bottle feeding together at the same meal bad for a baby?

Clarence, Ontario.

H. L. K. W.

We do not like it, not so much because of the mixing of the two kinds of nourishment, as because, if the breast is not equal to the total feeding, it ought to have the needed rest. Further, the child contracts a bad habit of wanting the breast with artificial food, and weaning becomes difficult. Still further, it is impossible to know just how much a child is taking when this confused method is employed.

Peptonized Food for Twins.

To the Editor of BABYHOOD:

I have four twin babies, and I wish very much to ask the opinion of BABYHOOD about the way they have been brought up. The two older ones are over twenty-seven months old. They were eight-months babies, with a delicate mother, and our anxiety about them at first was very great. At ten days old we began to give them Bartlett's pepsinated food with milk, and since that time to within a few days I have not attempted to replace it with anything else. The food has, of course, been made thicker and increased in quantity according to their requirements until, at two years old, they were each taking about a pint four times a day; a little more than half milk. During the summer they had in addition to two of the meals bread and milk, or bread and butter.

After the first four weeks they were strong and healthy, and have been so ever since. Their digestion is perfect, their teeth sound, and they are very bright and happy. The only fault that can be found as far as I know is that they are a little pale, although with a nice healthy color, faintly tinged with pink.

The two little sisters (they are all little sisters) are in most perfect health, tall and strong for their age, thirteen months, and round and rosy, with firm, hard flesh. Two months ago one weighed 27 pounds and the other 2½ pounds less.

When I timidly admitted that I had never given them meat in any form or any other food but this, kind friends were filled with wonder, largely

mingled with ill-concealed scorn and derision. But in all this I was following implicitly my doctor's directions, and now I am most anxious to hear another opinion that I can fully trust and respect.

(1) Is there an objection to the use of the pepsinated food for healthy children? If not,

(2) In view of these results, should it be replaced gradually by other things after the coming of the molar teeth? If so,

(3) What are the deficiencies in such a diet that other things must be used to supply?

I think I ought to add that in all other things I have used the tenderest and most watchful care, keeping them out of doors as much as possible, and using all precautions against their taking cold, and the four twin babies went happily through the long summer, all teething at once, and without one sick day. E. R.

Cambridge, Mass.

(1) We may say, first of all, that we do not know whether "pepsinated" in this connection means, as it should, simply mixed with pepsin or is a substitute for "peptonized." Ordinarily, we think that the habitual or any prolonged use of pepsin or of peptonized articles of food is inadvisable for healthy persons—adults or children. If they are ill or ailing, and in certain conditions of infantile development, they may be needed. But it is doubtful whether it is well to do for a child an act which it is well able to do for itself.

(2) The elder children (two years and three months old) have, we suppose, at least their first molars, perhaps the second four, and this inquiry probably relates only to the younger pair. For them pepsinated (or peptonized) food can be replaced by a milk diet not predigested.

(3) Our answer to (1) will have suggested that it is not so much that the milk food is insufficient—we don't know the particular preparation—as that the stomach should learn to do its own work. BABYHOOD assumes that the average baby who has not a breast to depend on will do best first on cow's milk prepared in some suitable way, next on milk, then with the addition of some cereal at first in form of gruels and gradually in more solid forms. If these are well borne and the children thrive, there is no haste to get to flesh diet. If a change in the form of presenting albuminoid food be desired, an egg soft boiled may be occasionally substituted for a meal of milk; but rarely is it useful before eighteen months, and we think usually not before two years of age. We believe that milk and cereals, including bread, judiciously managed, are ordinarily enough for the first two years, and often for longer.

The Signs of Worms.

To the Editor of BABYHOOD:

My little girl, aged three years and five months, a sunny-haired, blue-eyed, "bonnie lassie," has

been so robust most of her life as to make her German name, Gretchen, seem quite appropriate. She was taken sick about the 20th of May, with severe vomiting and was very ill for days. I made up my mind afterward that it was La Grippe. She had very high fever and coughed a long time after recovering otherwise.

In July she seemed to have some intestinal catarrh. Though free from the diarrhoea now, she complains constantly at meal-time, and occasionally between times, of "stomach-ache." She has very dark circles under her eyes and is very unusually irritable.

I am far from competent physicians, though the Japanese doctors about us frequently do us a good turn.

Can I do anything special in the line of tonic treatment? Has she, perhaps, worms? After the sickness in May, which I called La Grippe (the doctor called it whooping cough, but she never gave a suggestion of a whoop!), she passed one long worm.

I shall be most grateful for any suggestions.

LAURA DELANY GARST.

Shonai, Yamagata, Ken, Japan.

To distinguish the ordinary intestinal catarrh from that which accompanies intestinal parasites, in default of the ocular demonstration of the worms, is practically impossible. Nor can one always say whether the worms are the cause of the catarrh, or the catarrhal condition renders the development of the parasite possible. This, too, even when the case is under observation, since the classical old wives' signs of worms are really but symptoms of gastro-intestinal irritation. It is, therefore, impracticable to say anything definite about a case at a distance. But the previous existence of worms, as demonstrated, makes it rather probable that, similar symptoms continuing, others may be in the canal. It would be entirely proper to give a safe vermifuge—such as two grains of santonine night and morning for a couple of days, to be followed by a laxative. If you have no drugs at hand, you may find that common salt, a well-known vermifuge in Oriental countries, will be sufficient in doses of 10 grains given three or four times a day. The doses may be given, if preferred, by rather over-salting food. It has the advantage in these doses of being a tonic to the digestion.

Refractory Hair; Exclusive Diet of Sterilized Milk.

To the Editor of BABYHOOD:

(1) Will BABYHOOD tell an interested reader if there is any way to make the hair grow lower on a child's forehead? My little eighteen months girl has hair growing back so far and a bad "cowlick." Will continued brushing, bangs, or any treatment remedy this defect?

(2) I also want to ask if you would consider an exclusive diet of the "Kingwood" sterilized milk a desirable one for a child from eighteen months to

two years? The milk I get here in the city does not agree with her even when sterilized after it comes. I am giving her Mellin's food sweetened with condensed milk and diluted with barley gruel—two tablespoonfuls Mellin's, one heaping teaspoonful condensed milk and gruel, one-half cup A. B. C. barley to one pint water steamed four hours. It makes about three-fourths of a pint in all, and the same is eaten four times in the twenty-four hours.

It agrees with her, but does not make her really plump, and she has only five teeth. Does this kind of food supply all necessary materials for the body? I have tried eggs raw and soft-boiled, also mutton broth, but she throws these up and is sick for a few hours after taking them. She is very strong, runs about, up and down stairs, is bright and active, weighs only 21 pounds, and is so slow with her teeth. Would the milk referred to be any better or the best thing? L.

Utica, N. Y.

(1) We do not know how to make hair grow lower on a forehead. If there are hair follicles there, they will produce the hairs in due season; if there are none, no hairs will come. Something may be done to stimulate the follicles to activity, as we do when hair is falling out, but all endeavor is useless if there be no follicles. In an infant of eighteen months we cannot think of loss of hair, so we say: do not irritate the skin in useless attempts; wait and see if the hairs will come. As regards the "cowlick," the case is a little different. The peculiarity may in a degree be modified by the frequent use of a very soft brush. The total eradication of a "cowlick," however, we have never seen.

(2) The food described lacks fat very decidedly. It is not by any means an ideal mixture, but it has the advantage of agreeing with the child. If cream can be added, and the stomach still accepts the mixture, it would theoretically be much better. Whether the fault lies in the milk you have or in some peculiarity of digestion, we cannot say. If the former, the "Kingwood" milk might do better, but the only way to know is to try.

The Use of Chloroform During Child-Birth.

To the Editor of BABYHOOD:

Referring to the communication of "J. E. R., Delaware, Ohio," in the October number of BABYHOOD, I would ask some expression of opinion from you through your journal, as to the use of chloroform during child-birth. Can it injure the child? Is there greater danger to the mother than if it were not used? Can you refer me to any treatise or medical essay where additional information can be found? My physician objects to its use on the ground that Nature is best left alone to do her own work. Is there not an answer to this in the fact that children's heads are larger now than formerly, and birth consequently more of a drain on the system, which is rendered more sensitive by the same training which enlarges babies' heads?

Any information you can give me, or assist me in securing, will be appreciated.
M. M. J.
Centralia, Wash.

There is no right or wrong to this question. The conditions vary with every case. There are cases in which, irrespective of the question of safety to the mother, to the child, or the relief of pain, anæsthetics are distinct hindrances; others, in which they are notable assistants. No routine practice can be recommended, and, in our judgment, no routine practice is safe. There is no difference between anæsthetics and other drugs; they must be given or withheld, according to the judgment of the physician responsible for the case; and we should no more think of promising or refusing in advance to give an anæsthetic than we should quinine, opium, aconite or any other drug of potency. It is probable that your attendant will have all necessary remedies, including anæsthetics, in his bag. The error was in discussing the question at all. If you cannot trust your attendant's judgment, get one in whom you have more faith.

Properly Sterilized Milk.

To the Editor of BABYHOOD:

Our baby is nearly one year old, is strong and active, sleeps and eats well, and has two teeth. She was fed from the breast until ten months old, when I gave her the five meals a day of "sterilized milk," 8 ounces to a meal of which one-fourth part is "oatmeal water" and one teaspoon cream. Lately I have given a cup of broth with dry bread soaked in it, instead of the noon meal of milk. The broth agrees well and she likes it, as some days she shows an indifference to milk at this hour.

(1) Is it necessary to "sterilize" the milk any longer? I get good milk from a stock farm.

(2) Please tell me just how to prepare the milk for the meal, the proportions and temperature?

(3) Will lime water be good for a slight sourness of the stomach?

(4) Is it better to vary the milk diet daily with something like a cup of broth?

A GRATEFUL READER OF BABYHOOD.

Buffalo, N. Y.

(1) Probably not. In cool weather a child of a year can take ordinary milk with no more sterilization than comes in preparing the food.

(2) Your proportion is right as it is, it seems to us. The temperature should be about blood heat, 95 to 100 degrees. The milk should be given slightly warmed for some time yet, and for a long time, if it has been kept in ice, it should have "the chill taken off."

(3) Yes, but you must remember that the contents of the stomach are normally slightly acid, and before correcting make sure that the acidity is excessive. The lime water will correct an exist-

ing acidity, but it will not usually remove the causes of the acidity, and the lime water may be needed for a long time. It is, however, practically harmless and its prolonged use is permissible.

(4) We think your present arrangement unobjectionable.

Concerning Advice to Expectant Mothers.

To the Editor of BABYHOOD:

I am a recent subscriber to your valuable publication, which I note is advertised as having for its object the dissemination of any sort of knowledge which may be found beneficial in caring for children, but so far I have failed to find any articles of advice to expectant mothers as to the best course for them to pursue to obtain the best results.

Will you kindly give some information on this subject? X.

The subject is one which, strictly speaking, is not within the limits which BABYHOOD has placed to its work. "To obtain the best results" one would, as Dr. Holmes said of the education of a child, "need to begin a hundred years before it was born." A very large proportion of persons are born with hereditary tendencies which more or less seriously handicap them. This probably is and probably will be mainly unavoidable, because most persons will not give so much thought to the physical fitness of a marriage and its results as they would to raising a prize squash for a country fair.

But given an existing pregnancy how is one to get the best results then practicable? If any ailment is known to exist in the mother it should be wisely treated and cured or kept in check; if no such ailment is present there is nothing then to be done except to carry out the ordinary rules of hygiene. The woman should have as good air and as much sunlight as practicable. She should have exercise but not great fatigue, which end is generally well fulfilled by her household cares and a little outdoor exercise. The conditions of the bowels and of the digestive organs generally should be looked to.

Good nutritious food, varied in quality, sufficient in amount but not burdensome, gives the best results. In the last month or two often smaller quantities of flesh diet are needed, milk taking its place. If the night's rest is broken, a nap or two of a few moments in the day will be found quite refreshing. All special diets are, to the best of our knowledge, not beneficial and usually deleterious. The fruit diet so often vaunted—if used to the exclusion of animal food—we much dislike.

Starvation not the Trouble.

To the Editor of BABYHOOD :

We have a little girl thirteen months old, naturally of a strong constitution with the exception of a weak stomach, but so reduced by numerous diseases that before her last sickness she weighed only 16 pounds. When she was born she could not digest milk, and would cry for hours, passing curds constantly, but after she commenced using the Fairchild process for peptonizing milk, she could digest that perfectly. I digested it less and less until fifteen minutes was all that was required to render it digestible.

When she was three weeks old she took the whooping cough, which she had very severely. Later she had the grippe, and still later the measles, so that the second summer found her in poor condition. But she improved rapidly, grew strong, crept and stood by holding on to chairs, and seemed so well we concluded to dispense with the powder. For two months she had been taking milk boiled down half and the original quantity made up with water and a little gelatine added, on which she seemed to thrive, until suddenly diarrhoea set in, though not violently. I gave her the doctor's medicine, but it seemed to have little effect. The physician pronounced her case cholera infantum, and said he had not seen so sick a child recently. She looked very badly, but had more strength than he supposed and has now nearly recovered. She has six teeth and others nearly through.

Now the question arises, what shall she be fed? She is now taking peptonized milk with the addition of a quarter of a teaspoonful of beef peptonoids (twice a day) and a little lime water. After each meal she has half a teaspoonful of lactopeptine, but she passes curds still, even when I digest the milk thirty minutes.

The relatives think the principal trouble with her is that she has been starved, and long to give her bread and butter and bread and milk, and say I am bringing her up by a book, etc.; so I come to you for a bill of fare in this particular case. She cries for food on the table, although she has never been fed any solid food. She takes her milk every three hours, and once in the night, and sleeps about four hours in the day time.

L. B. V.

Le Roy, N. Y.

We do not see that your child has been starved, in fact (if we understand you rightly in supposing that she had for food cows' milk not diluted, but simply mixed with enough water to supply that which was boiled off) she seems to have had pure cows' milk with gelatine, which, for her then age and previous feeble digestion, was pretty strong food. At the present time your intervals seem well enough; the amount of milk taken is not stated.

We are sorry you have to contend with officious and irresponsible advice, for in our sober judgment it is in the aggregate more destructive than any infectious disorder of childhood.

All you can do is to continue your peptonized food, gradually feeling your way to unpeptonized liquids. A child who has but six teeth can ordinarily, even in good health, get no advantage from bread. Further, a child who has had

so much and such recent illness as yours, should have its dietary made out in detail by the physician who has attended her.

Condensed Replies to Various Letters.

Mrs. K. V. M., Mansfield, Ohio.—As you know from reading BABYHOOD, it never undertakes to treat cases, but simply gives general advice. The story that you tell of the digestive derangements of the four-year-old suggests a tendency to have an irritation of the intestinal canal easily set up, causing diarrhoea, which often acts as a natural method of relief. Many of these attacks of looseness could very likely be promptly arrested by the early use of a mild cathartic, just enough to clear out the offending matter. Very possibly an antiseptic could be combined with or follow the laxative. But the choice of medicines you ought to put upon a physician, who can see the baby, and not upon BABYHOOD, for there may be sources of error in an incomplete presentment of the case, and there are many individual peculiarities as regards drugs which a stranger cannot know.

The three-months baby evidently does not perfectly digest his milk. Perhaps you nurse him too frequently, and he would do better if he got thinner milk, as he would if not nursed so often.

Mrs. N., Lincoln, Neb.—It is very probable that the milk is deficient in quality or quantity, or both, and that supplementary feeding will be of assistance. With a child upwards of seven months old, and in cool weather, you probably will have little trouble as to digestion if you do not try to go too fast. If you think that the milk you can get is unwholesome it must not be used. If you mean only that it may be watered or be poor in cream, we would advise that you get the best you can, and in diluting it take into consideration its probable previous dilution. Good honest milk would probably need about one part of water to two of milk to begin with. If the milkman has saved you this trouble you may not need to add water. Give it at blood-heat. You can add oatmeal gruel in place of the water at once in view of the existing constipation. Very soon the child can probably take the milk less diluted, and after a few months, when its molars are through, take a little oatmeal porridge, not too thick, or crust of bread buttered. If your physician does not stop the suckling entirely, you will find it best to substitute feeding in place of suckling one or more times per day at first, and every two or three weeks increase the number of feedings, and in this way you will presently have safely weaned your baby.

A Subscriber of Several Years.—The medical editor cannot undertake to send private answers to communications addressed to BABYHOOD. In the matter inquired about nothing new can be elicited by farther inquiry, as the subject is well understood by physicians. In any individual case the result will depend upon the roughness of the voyage, the sensitiveness of the person to sea-sickness, and perhaps, above all, upon the degree of what is known as uterine irritability in

the particular patient. No one can know this but her own confidential medical adviser. Many persons bear the ordeal unharned; others experience disastrous results.

Mrs. E. M. W., Arlington, N. J.—There is no real object in beginning to feed so early as seven months, provided the breast still gives sufficient food. Some physicians we know assume that no American mothers really have enough milk, and begin supplementary feeding early, even at a few weeks old. But for ourselves we prefer to be guided by the progress of each case. On the other hand, in cool weather, after seven months of age, your child can take properly prepared and diluted milk, probably without difficulty, if there is any reason why you wish to begin. Feed from a cup, and not a bottle, at the age spoken of. The suckling is no longer necessary.

The answers to "A. W.," in August BABYHOOD; to "E. M. R.," in September number, and to "Subscriber, Maplewood, N. J.," in October, cover the question of night clothing. Fine merino stockings reaching above the knee are altogether the most desirable of baby foot-wear.

The objection to them is that, even with the most careful washing, they shrink somewhat, and, with any but the most careful, they shrink fast enough to make them very expensive. Silk and a mixture of silk and cotton are used as substitutes for merino stockings by some mothers. Drying the stockings on little wooden forms, made for the purpose, helps to keep them from shrinking. The *sacque* question is one that individual surroundings ought to determine. It is the clothing under the frock, rather than that outside, which ought to be depended on for keeping a child warmly and safely dressed. However, in a very draughty house, in an exposed situation, an indoor *sacque* may be regarded as an extra precaution against sudden chills.

The article often called "diaper drawers" is doubtless what you seek. It is simply a cover for the napkin which buttons neatly together, and may be bought at furnishing houses in various materials—muslin, canton flannel, sometimes wool, flannel and light rubber—the last being most undesirable. Good patterns also are sold by leading dealers in other patterns.



WHAT IS THE KINDERGARTEN GOOD FOR?

FASHION holds sway in all things, small and great, and so kindergartning to-day is, to a certain extent, the fashion. The *real* kindergarten will, undoubtedly, become more and more—outside the pale of fashion—the basis of all true education; but before it is thus fully established questions are being asked and discussions are taken up with little understanding of the subject. Comparatively few mothers of the present generation have studied, or even seriously looked into, the system, and so, when the question comes up of the attendance of their own little ones at a kindergarten, they dispose of the matter in one of two ways: The children are sent to one opened in the neighborhood, because their mothers have been told kindergartning is good; "they don't know much about it themselves, but people of understanding and sense say it is the best thing," and so the little ones go. Or, having taken a superficial glance at a kindergarten in operation, mothers decide the children "may as well play at home and money not be expended for their *amusement*." Both classes of mothers stop every now and then to wonder if they are pursuing the wisest course, and so a chance visitor or

friend is asked, "What is the kindergarten good for?"

Before touching on some points of "goodness," I want to urge mothers, especially young mothers, to find these out for themselves without resting on the word of another, however wise that may be, or on the "superficial glance," however convincing it has seemed. While no one can undertake kindergartning rightly without a full course of training (impossible to the majority of mothers), it is not difficult to learn *about* the system, study its principles and methods by reading, hearing lectures, etc., while it is very hard to comprehend its good from a few moments' conversation here and there, or a visit now and then.

Four reasons why mothers should investigate this question, at once present themselves:

First.—If kindergartning amounts to anything, a knowledge of its principles and methods will help you in the training of your child. Send him to the best kindergarten in the land and he will not, by it alone, gain the good he might if the mother were in league with the teacher.

Second.—If it does not amount to anything

then the child is better at home and the money in your pocket.

Third.—If kindergarten training be, without a question, good, *the* kindergarten to which you send your little one may or may not be. Possibly it is a kindergarten solely in name, and your child receives no good, perhaps some evil, because you do not know.

Fourth.—If that "superficial glance" suffices, you may deprive the child of much that he might have gained. An instance comes to mind of one child who went to a kindergarten for several weeks, and was then taken away because his mother could not see any development in him. Possibly it was the fault of the kindergarten; possibly the development was not looked for where it might be seen or sought for by the right method.

The true kindergarten seeks for a natural growth, a gradual unfolding of the powers. This must be a matter of time; but the sure signs of development will be seen if *rightly* looked for. The philosophy of kindergartning is a broad and many-sided one. I shall at this writing give but a few easily-understood reasons for a child receiving such training.

It was not long ago that a mother urged, through the pages of *BABYHOOD*, that children be taught to read at the age of three or four years. And why? Because they would then have "something to do." It seemed strange to read such words in this latter day of the nineteenth century.

Had that mother known of the many beautiful occupations by which the little body, mind and soul might be developed; of the A B C of things which might and should precede the A B C of words, I think she would have postponed the "reading" for three or four years or, at least, have found some other reason for hastening to it.

The kindergarten will give "something to do." The doing will be play, 'tis true; but regular, definite play, with a purpose and meaning, has a far different effect than play that is aimless, irregular, and carried on without any direction. The former does for the child what work does for him in later years, and in that sense *is* work. By means of it, and through the study of nature, he learns that everything is governed by law. He finds, especially by the latter, a delight and beauty in little things which will have their bearing throughout life. To bring the child into contact with nature and its wonders was the great thought of Froebel, the founder of the system.

By the things made, a thought of and love for the Great Maker is developed, impossible by mere abstract teaching.

"But," some one says, "all this can be gained at home." Yes, it *can*. Supposing it is, there is something the kindergarten gives not attainable at home. Companionship is a delight to a child. That of the home is all that he needs up to the age of three or four years. Then companions of his own age satisfy him as none else can. Occasionally we see a little one, who has grown to a certain age, deprived of association with other children. Almost always such an one is unhealthy, physically, mentally and morally, and he has much to battle with in after years. Society is as necessary to child life as to adult life. The social side of nature requires development and training. At home the children gather together; their play is unguided and, for the most part, unnoticed until trouble arises. "Prevention is better than cure." The kindergartner, while she guides, joins with the little ones in play, and the direction is thus hardly felt. Their independence is maintained and sought for, while each learns to consider others, realizes the need of others, and is influenced by them. The mingling of different characters has a beneficial effect. Strong and peculiar traits are counterbalanced, and softened and improved, as the case may be. At the same time, harmful association is largely prevented by the close companionship and supervision of the kindergartner.

Oak Park, Ill.

FREDERICA BEARD.

Kindergarten Employment at Home.

DOUBTLESS there are many mothers, who, if they knew how easily some of the kindergarten gifts can be adapted to every-day use in the home, would gladly avail themselves of this means of placing useful entertainment and amusement in the hands of their little ones. To give some suggestions as to how this may be done is the object of this paper.

One of the simplest devices, and one which gives delight to very young children, is the stringing of disks and straws. To prepare material for this work, get a small package of straws (such as are used in restaurants), soak them for some hours in warm water, until they are soft, then cut them into pieces about half an inch long, and you have a quantity of golden beads. Next cut pieces of bright-colored paper into half-inch squares and perforate the center of each with a large needle. These will need to be stiff; Bristol-board is the

best material, and costs little. If two sheets be procured of different colors, part of each can be used for these disks, and the remainder kept for other work.

Give the disks and straws to your little ones to string, with a needle and long coarse thread for each, and they will be charmed with the work, because the result is so pretty. To vary the work from day to day the string may be made in different designs. Suppose the two colors to be blue and pink. The first day let the children

dren, to give the simplest forms or designs first, adding new difficulties only after the old ones are thoroughly mastered, and in all kindergarten work be sure you do not fatigue the children's eyes.

Another very pretty kind of work is embroidery. This may be so varied that the little fingers will work long and gain much skill before half its multiplied forms are used. This in its simplest form consists of connecting the regular perforations in a card with bright thread in some regular



FIG. 1.

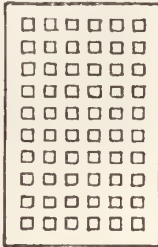


FIG. 2.

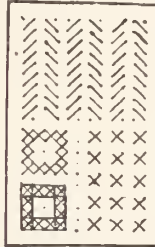


FIG. 3.

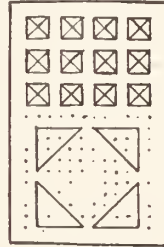


FIG. 4.

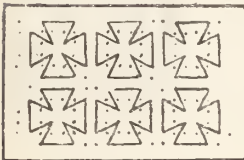


FIG. 5.

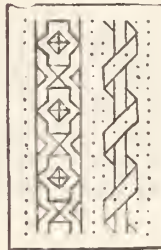


FIG. 6.

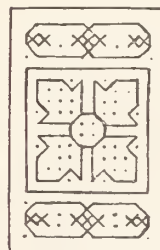


FIG. 7.

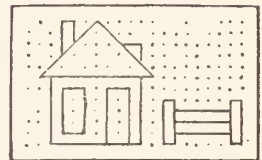


FIG. 8.



FIG. 9.



FIG. 10.

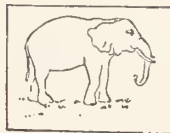


FIG. 11.



FIG. 12.

choose. Katie likes the blue; she may make her string of straws alternating with blue disks; while Harry makes his of straws and pink disks. The next day they may change colors; the third day the string may be made of a straw, a pink disk, a straw, a blue disk, etc.; again two disks of one color may alternate with two of another color; and so variety may be added even to this simple work.

Be careful in this, as in all work given to chil-

design. I have seen pretty work of this kind done by a little girl on a button card with bright silk. The preparation for this work may need some time and thought, but the expense is slight. If Bristol-board is at hand, cut it in pieces of a convenient size, say 5-inch squares, or 4 x 6 inches. In each piece make regular perforations $\frac{1}{4}$ inch apart. Perhaps the easiest way

The illustrations are borrowed from the catalogue of the Milton Bradley Co.

to do this is to mark the back of one card into checks by rule; place another under it and perforate through the two; remove the under one and replace it by two more, perforating them through the holes in the first, and so on until a number are prepared. This secures exactness, which is important.

The figures 1, 2, 3 and 4, herewith given, suggest some of the simplest designs, which may gradually be made more difficult until such as are shown in figures 5, 6, 7 and 8 can easily be done.

Then let the children invent some patterns, and take every pains to help and encourage them in this, as nothing copied can be of the same educational value as work absolutely one's own. After the first difficulties are overcome, most children take great delight in their own designs.

After a considerable amount of work has been done in regular designs, the outlines of simple objects, the letters of the alphabet, the outlines of animals or flowers, may be substituted (Figs. 9, 10, 11 and 12), and once started upon these there is no end of the pretty things to be made. Here the artistic mother's taste has large scope in drawing the patterns, but for many, to whom the drawing of a horse, a house, a bridge, a lily or a boy fishing would be almost an impossibility, a very simple device may be of use. Choose from some paper pictures, simple in outline, which you think suited to your child's ability; procure from a stationer a small sheet of carbon paper; place the picture upon the card with a piece of the carbon or transfer paper between them; hold them firmly in place and trace the outlines of the picture with a hard lead pencil. When completed the picture will show in bright black lines upon the card.

For very young children the mother would better perforate the card, as her judgment will suggest where are the best places for the perforations; but the older children can do this for themselves, and it is always best to let them do what they can. Advise them in regard to the colors used, that the effect may be as artistic as possible, for even a very young child may have the artistic sense cultivated. If there is a blackboard in the house it is well to have the embroidered designs or pictures copied with crayon upon it. No material placed in a child's hands can be, I believe, of greater educational value than the blackboard and crayon. There should be one in every home, and it should be in daily use. I know of one mother, limited in house-room and means, who has given her little girl the use of

the inside of a cupboard door for a board, much to the pleasure and profit of the child.

The weaving of paper mats is another pleasant occupation, and one which develops much skill in the fingers of the busy workers. It also affords an opportunity for inventive power to work and develop. This work requires thin, bright colored paper; the glazed is best, because it is strongest. A square of the paper should be marked accurately upon the back, then folded once and slits



FIG. 13.

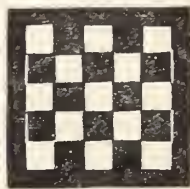


FIG. 14.

cut with sharp shears, as Fig. 13. Another square should then be cut with strips equal in width to those made by the slits in the mat.



FIG. 15.



FIG. 16.

These strips are to be woven with those of the mat so as to produce a desired pattern (Figs. 14, 15 and 16). Follow in this also the same rule: the simplest forms first, the more difficult later on.

The greatest difficulty in the way of preparing material for this work is the impossibility of making it exact when cut by hand, but it can be done so as to give a very pleasing result. The weaving of mats may be made much easier by the use of a steel needle made for the purpose and sold by the dealers in kindergarten supplies for a few cents. From these dealers there may be obtained also material prepared for all the work of which I have spoken.

To many, however, the expense of purchasing prepared material, enough to keep a number of pairs of small hands busy, might be too great. This expense may be greatly lessened by following the above suggestions.

St. Paul, Minn.

FANNIE M. SLACK.

THE MOTHERS' PARLIAMENT.

—Possibly the readers of **Mothers in Council**, BABYHOOD may be interested in a new organization of mothers, charming in its social and informal nature, and successful because of the interest it aroused in many young mothers in developing the gracious spirit of coöperation, which is the crowning grace of womanhood.

The germ of this pleasant "council" was a thought from the heart of one mother who, through the loss of her own little ones, has ever made her generous heart and home the center from which radiate golden threads of love and sympathy to countless firesides.

In response to her thought, six young mothers came to her, and their number soon increased to sixteen. They agreed to meet in this friend's library every Monday afternoon, to discuss subjects relative to the welfare and training of children. Each week one member presented, clearly stated in writing, the subject which should be discussed two weeks later. This plan was afterwards improved by having two subjects presented at once and under consideration, so that an alternate might be always in reserve. This gave each mother opportunity to present, for the consideration of all, her own especial problems and perplexities, and to draw out discussion upon the points in which she was especially interested. The discussions were pleasantly informal, the only rule being the one adopted, as its need was felt, that each member's remarks should be made for the benefit of the whole, and thus nothing be lost to any one by the feminine tendency to chatty asides. They also insisted that the friend who received them should act as secretary and moderator.

Among the many subjects considered were:

"How shall we deal with excessively timid children and their opposites, the too-fearless ones?"

"The conduct of children at table, and how early should they have their regular place there?"

"Modesty—true and false. How shall we preserve the one and discourage the other?"

"The relations of children to servants."

"The early and proper instruction of children by parents in those things not ordinarily spoken of, thus forestalling the injury they may receive from servants and from untaught children."

"Church-going. How early is it desirable?"

"Where should children first receive religious training?"

"Ought children to be taught their prayers before they know the meaning of the words or the significance of prayer?"

The subject of "Repression" led to a most interesting and animated afternoon, opening with the story of the boy who actually reached the age of ten years supposing his name to be "John Don't."

The subjects of foods and of reading for children received their full share of attention, and the question of "Sensitiveness" called out a lively discussion upon methods of reproof, with many shades of opinion upon Solomon's advice to parents, and all the *pros* and *cons* of that time-honored institution known as "spanking."

The Sunday question: "How shall the day be made both pleasant and profitable to the little ones?" "What occupations are admissible, and if different from other days, what should they be?" called forth many earnest thoughts and helpful suggestions, for which there is not space in this brief sketch, as its only object is to give methods and not results of this pleasant and profitable "council."

Soon after the commencement of these afternoons a little book on early training came into their hands. It is written by Mrs. Malleeson, an English lady, and published in this country by Heath. A chapter from this very helpful and charmingly written book followed the discussion each afternoon. Other readings relating to their subjects of thought were selected, BABYHOOD often making one of the "council," and being found helpful and suggestive.

The interest and helpfulness which these mothers found and received from each other was so sincere and deep that it led to the hope that others might adopt such a simple plan for taking counsel together.—*Houtas Peabody Daniells, Madison, Wis.*

—Not long ago I was visiting a friend, whose only child, a remarkably bright boy, five years of age, was insatiable in his demand for stories. He preferred having them read to him rather than told to him, seeming to possess a deep and instinctive reverence for the printed page,

and a much stronger belief in the written than in the spoken word. It was amusing to see the books which the little fellow would place in his mother's lap whenever she seated herself, anything which chanced to lie upon the center table, full of faith that each one—whether the "*Light of Asia*," "*Sartor Resartus*," or the "*Origin of Species*"—had between its covers some story for his especial delectation.

One morning, while his mother sat beside me sewing, as I was writing a letter, he came with his usual request, and selecting one of the books which had a week before been given him among numerous other Christmas presents, she began to read. Absorbed in my own occupation, I paid no heed to the reading, until I was startled by a convulsive sob and the question asked, with an indescribable wail of anguish, "Did—he—die?" The little fellow's face was distorted with grief, and tears were pouring from his eyes. "No, no!" exclaimed my friend, rapidly turning over the leaves as if to acquaint herself with the termination of the story, "He got well again the very next day, and—and—" She did not hesitate long, giving to the child an end to the story, which spared his feelings, though it wholly sacrificed the intention of the author, and was much more of a credit to the mother's heart than to the writer's brains. The child, gradually comforted, was finally sent away with a kiss and a cheery word, while his mother, flinging the book upon the table with more impatience than I had ever seen her manifest, exclaimed: "I declare, I am heartily tired of the pathetic and sentimental stuff written for children. Every story, whether in books, newspapers or magazines, seems to be alike in that respect—it is either a dying boy or dead baby, or a distressed bird or a deserted dog, or something to harrow the feelings and move the sympathy. Harry seems to be constantly expecting and dreading some calamity of the kind in everything I read to him. 'Did he die?' is his stereotyped question, asked generally with great tears in his eyes. Lately I've looked over beforehand the stories I've read to him to find out if they treated of 'battle, murder, and sudden death,' but this time I forgot it. Why cannot authors write of healthy and happy children—happy dogs and cats and birds and babies? The children will be sorrowful soon enough; why sadden them prematurely by forcing them to suffer or sympathize with imaginary troubles? To Harry's chronic question, 'Did he die?' I sometimes feel tempted to answer, I wish the author

had before he wrote this distressing story."—*Caroline B. Le Row, Brooklyn, N. Y.*

"Little George Washington's Virtue."

—I hardly can say how glad I was to read in the June number of dear BABYHOOD "C. L. F.'s" article on "Little George Washington's Virtue." I, too, never had the heart to tell such stories as "Puss-in-Boots," "Bluebeard," etc., to my four-year-old daughter, or to praise simple truth-telling before her as something meritorious. More than once I pleaded with my countrywomen against telling such horrors to children, as there is choice enough to enable one to avoid them. But the answer was invariably: "Children enjoy only the story; they never mind the moral." But I am sure they do, and I agree from beginning to end with "C. L. F.'s" logical arguments.

I am really glad to have found, at least in far-off America, the sympathy on this delicate subject I so long sought for in vain.—*A Reader in Asia, Baros Brebes, Java.*

It was just eight o'clock and **Childish Terrors.** Kitty had been put to bed.

Her mother had seen that the air of the room was fresh and cool, and that she was properly covered. She had heard her say her prayers, kissed her good night, put out the light and had come down stairs perfectly at rest concerning the comfort of her little daughter. The child was four years old, healthy, sturdy and merry, and apparently afraid of nothing; but gifted with an imagination of the scope of which her mother had no idea.

At eleven o'clock that night I passed Kitty's door on the way to my room and stopped for a minute to assure myself that my pet was sleeping quietly. As I listened, I heard a stifled sob. Hastily entering the room I lit the gas and turning to the bed I saw a pitiful sight. The little one's eyelids were swollen with weeping. Her pulse and temperature denoted a good deal of fever, while the expression of her countenance showed abject fright. I instantly took the trembling little creature in my arms, and exerted every soothing influence I possessed to comfort her. After a time she was able to tell me in a broken way what was the trouble. "Maggie," a thirteen years old cousin, "says that I'm such a bad girl that I never can go to heaven. She says I *never can't get in*, and I'll have to stay outside always, and without are dogs, and," with a shudder, "*sorcerers*; she readed me that place

in the Bible where it says so, and," with a pitiful sob, "I'm so 'fraid."

I felt like dealing instant justice to the malicious Maggie who had done this mischief, though that would not help my poor Kitty. "But, my darling," said I cheerily, "you know you are going to heaven because God never leaves His little lambs outside."

"Sometimes I'm bad," she answered mournfully.

"But when you have been naughty you ask God to forgive you, and He always does," said I reassuringly.

This did not suffice to entirely comfort her, however, though she was growing calmer. She reflected a minute. "You are going to heaven, aren't you, Auntie?" said she. "Certainly I am," I answered positively. "And you'll take me with you, won't you?" she continued more confidently, as she recalled various times when I had overruled numerous objections and "taken her with me" to her infinite delight. "Of course I will take you with me," I answered decisively. And then, at last, the strained muscles relaxed, and the excited nerves quieted, and she sank to sleep in my arms, starting up once to inquire, "Sorcerers can't catch me now, can they?"

Poor child! What dreadful visions that word had presented to her mind's eye I cannot say; but she had been haunted for three long hours by such terrors as grown people never know, and I afterward found that she had kept these frightened fancies locked within her little breast for more than a week, and on the night of which I have written, the accumulated horrors had completely overwhelmed her.

Says that acute and gentle writer and physician, Dr. Oliver Wendell Holmes, speaking of children: "The first instinctive movement of the little creatures is to make a *cache*, and bury in it its beliefs, doubts, dreams, hopes, and terrors." The most careful mother cannot always keep her child from hearing injudicious or frightful stories. It may overhear them, or may misunderstand a harmless narrative, as well as have one told it through deliberate malice. The world, to an imaginative child, is full of wonders, strangenesses, and terrors, while its power of expressing its sense of these things is very inadequate, so that it often retires within itself and bears in helpless silence troubles from the weight of which an older and a stronger heart well might shrink. Blessed is that child whose mother understands this tendency of the shrinking little spirit, and by the prescience

of her love wins its heart of hearts so that it willingly confides in her, and she can protect it from such torments.—*Eleanor A. Hunter, Brooklyn, N. Y.*

Child-Nurses.

—I happened along one day lately just in time to pick up a baby that had fallen out of its carriage. A little girl, scarcely six years old, was trundling the carriage, letting go of the handle, and letting it get a little in advance, then catching it and trying it again. But the experiment was tried once too often; the carriage ran away and turned over in the gutter, and the small occupant was tumbled out. Fortunately, when I picked it up and handed it over to its mother—who was soon to divide the *care* she bestowed on this one with another—it was unhurt, though crying lustily from fright.

From the coolness the mother displayed I imagined this was not the first time a similar accident had occurred. She did not seem alarmed, only angry at the little girl who had caused the accident. Had she paused to think, honestly, she would have been obliged to say to herself: "I alone am responsible for this, for I should never have allowed a small child to take the baby in its buggy out of my sight."

When we consider what serious accidents may result from careless watching of Baby, it behooves us not to trust it to a little child's care, and then to lay the blame of any hurt upon the little nurse.—*C. S. Valentine, Evansville, Ind.*

The Mother's Special Charge.

—Much has been said about the care and feeding of babies artificially, so that it is a hackneyed subject; nevertheless, what grave fears are entertained on the part of almost every mother, when it becomes necessary to put the child away from its natural nourishment and supply a substitute. How the summer months are dreaded, and the time when the questions of pure milk, the different kinds of infants' food, etc., arise, and become matters of vital interest. How the bottles are to be kept sweet; what kind of nipples are best for Baby's use, black or white rubber; bottles with tubes or without; or the necessity of teaching a child to drink from a cup—subjects so light to some, but how important, when "Nature, the dear old nurse," has to be supplanted. How carefully she is observed so that there need be no mistake; for the little one is, in a sense, set afloat all alone, to come up out of its "weakness into might."

Having given my care and love to one of the mighty hosts of "bottle babies," and having the satisfaction of seeing the good results of being ever watchful of everything set apart for babies' use, let me say to you, oh, mothers!—give your *personal* inspection and do not leave such an important office for any other than yourself to fill. It cannot be expected that others would take your place. Do not be satisfied with the simple washing of the milk vessels, but effectually purify them with a solution known for that purpose. It is no small matter to rear a delicate infant and successfully bring him around the "danger points."

Do not consider it a task to care for the babies entrusted to your keeping. Can you not forego the pleasure of society when you realize how brief are babyhood's years—how many are claimed in infancy? Only a few short years and your treasure is out of your arms and gone; and what would some of us not give if we could recall the slumbering years, and once more give ourselves up to the loving "cradle care" of long ago. How faithful we would be; nothing, it seems, would be left undone. But as we cannot recall what might have been, and can only deal with *to-day*, let Patience be a watchword, and let us strive for a generation of happy, healthy boys and girls, and looking out into the future behold a noble race "fair to look upon."—*Mrs. W. R. Hulse, Carlinville, Ill.*

—In the October number of **A Remedy for Re-** BABYHOOD I see a question **moving Tartar.** as to what can be used to remove tartar on the baby's teeth. Having successfully removed some from my two-year-old's teeth, I send my remedy, authorized by a dentist. With a piece of wet cloth over the finger, rub on a little powdered pumice (sold by all druggists), and rinse the mouth with cold water. One application removed nearly all of the tartar, and now I am using a small, soft tooth brush twice daily, occasionally with a little simple tooth powder, and find it much better than the cloth.

Do not use the pumice more than once or twice without a dentist's advice, as it will tend to remove the enamel, if frequently used.—*D., Springfield, Mass.*

[The rag can be very successfully and handily replaced by a piece of soft wood cut to a flattened point, something like a small screw-driver. This wet and dipped into the pumice can be made to do the work nicely and is more easily guided than a rag. The one objection to all tooth cleaning, namely, the wounding of the gums, which causes retraction of the flesh from the teeth and subsequent loosening or decay of the latter, is better guarded against by the stick than by any implement we know. It is constantly used by some, perhaps most, skillful dentists.—Editor of BABYHOOD.]



WHIPPING.

BY "ONE WHO WAS WHIPPED."

THIS is a painful subject and one which is not often carefully considered. We have two extreme, opposing sides in relation to the subject.

The first, with pessimistic sternness, wag their heads and quote, "Spare the rod and spoil the child;" and on every occasion of misdemeanor, without properly weighing the seriousness of the offence or the punishment, angrily seize and whip the child.

The second class, now fast becoming larger

than the first—fortunately or unfortunately it is difficult to say—disbelieves in any sort of corporal punishment: some from a false idea that it is always wrong to inflict physical pain on a child; some from the selfish motive, viz., that it is painful to themselves to inflict such punishment.

To these who whip without consideration, it is hard to speak. They are usually people of poor judgment, ill-trained themselves, and poorly fitted for the responsibilities of a parent. "Let them

first school themselves who would school others." If you have a hasty temper count ten before you speak or act, remembering on every occasion, no matter how trying the circumstances, that your everyday conduct before the child is the pattern by which he is making his own disposition and character. A punishment should always be given in a firm, never in an angry, manner. It should look to the future good of the child, never to the present gratification of your own ill temper. If the child is spirited, a whipping given in anger, or unjustly, not only fails of its object, but does the child's disposition positive injury.

Besides those who act hastily, there are those who speak hastily. They are constantly threatening to whip the little one, until it becomes such an empty repetition that the child often does not even hear, still less heed it. There should be little need of speaking at any length to those who admit that they do promise more chastisement than they mean to inflict; such a course is so clearly weak and worse than useless. If it thundered constantly we should not notice it at all; if we rage and threaten continually it will have no effect, unless perhaps the injurious one on the child's opinion of us. I have in mind a widowed woman of little strength of character who lived with my mother when I was very small. Every hour in the day she repeated the stereotyped words, "Johnny, I *will* lick ye." As a matter of fact, the whipping was never given.

Of the second class, those who think it is wrong to whip at all are generally those who were severely or ignorantly whipped in their own childhood. This is unfortunate, and shows the reaction in after years of too much whipping. A young man, the father of two pretty children, told me recently, "My father flogged me for every error as well as all mischief, and I grew up to fear him. My babies shall have a better father than mine, they shall never know a blow."

The above shows two extreme views of the subject. But there is a class between these two ignorant and misguided ones, to which I would have both the others converted.

There are mothers with serene, pleasant faces, loving eyes, patient, quieting voices, who are daily guiding tired, impatient, trying, petulant childhood, with a clear understanding of what it should be, and a clear perception of what it is not, with a firm determination to guide aright, though it is hard when "mother's love" so often tempts to indulge and excuse. Fathers, too, strong, self-controlled and well balanced, ready to help, love,

praise and encourage, but sure to correct with wisdom.

Men and women, fortunate in such early guardians as these, thank with all their hearts the parents who punished the naughty tendencies out of them. I remember only with gratitude to my mother the firm hand and smart "spanking" administered at just the moment when I was about to indulge an angry passion or do a naughty or disobedient deed. He who has gone on through life carrying ugly blemishes of weakness and passion on his character which only needed a little firm training to eliminate, may well reproach his parents, who so carelessly—yes, I may even say wickedly—neglected the growing character God gave them to mould into a strong, brave, self-possessed, well balanced man or woman.

A dear old mother I once knew with three manly boys told me that she always kept a light withe hanging in sight, and when any naughty temper was displayed all that it was necessary for her to do was to *glance* at the withe. The child understood, though not a word was spoken, that his demeanor could be improved, and it was a lesson in self-control just at the time it was needed. Exercised once, is easier exercised a second time, and if continually practiced becomes a most valuable habit.

Those who disapprove of corporal punishment adopt some other method. Perhaps it is to rise from work, seize the child by the arm, and drag the unwilling little culprit into a closet, meanwhile exclaiming, "Naughty boy! you shall not come out until you are good." Generally there is more or less screaming or anger. While in the closet he will perhaps talk pettishly to himself and scream or kick. Is any lesson taught? Is his lesson good or evil? No punishment that does not bring submission and repentance in a little child is a punishment, and rather does injury, as the child loses respect for the person who sought to correct him.

Another mother says: "I brought up eight children. I never scolded little ones, and I never explained '*why*.' I said, 'do this,' and waited calmly till it was done, always with a look that said plainly that I expected and would accept nothing but absolute obedience."

Impatience in your tone will be seen at once by the child, and, if indulged in, will produce pettishness, or at best only unwilling obedience.

Of course, both of the mothers cited above began this firm treatment very early. If any

of my readers have already gone too far in indulgence, or have too long turned away from the fact that they are responsible for the characters of their children, let them look to it at once and with cool, unbiassed judgment. By the way, how hard it is for a mother to look with "unbiassed judgment" at her own flesh and see that there are grievous faults growing daily, and that those around her see it but dare not hint it to her. Naughtiness grows before we realize it. Faults are very insidious. The first snag to many a mother is some little "whim;" a little thing of hardly any consequence which is so much easier to gratify than to refuse. But you must watch for these whims, the seed of future trouble, and beware of allowing them, else you will waken to the truth some day that you are the victim of a number of foolish caprices, both injurious to the baby and to you.

"There are mothers and mothers," but to some of the indulgent kind, misguided in thinking that a mother's love requires absolute self-annihilation and sacrifice, I would give the motto, "*Value yourself and make the babies value you*"—this for their good and your preservation. Don't waste your strength now in gratifying whims, and in later years you will not suffer the greatest anguish a mother can endure, the ingratitude of a "thankless child."

What is a whim? These are some of the examples I have often seen: Baby's notion that he must have a particular chair, perhaps occupied at the moment by his little sister; a fancy for sitting at one place at table at tea and another at dinner; a spirit of rebellion if food is not served in a particular dish or with a certain spoon; pettish dancing and screaming because he must be dressed at a certain time or wear a particular dress. In

fact, pretty much anything of the kind, unreasonable in an adult, is the same in a child.

To some mothers it is a peculiar circumstance that if the child is addicted to naughtiness like the above, he is certain to display that disagreeable propensity at the most unhappy time, when callers are present, when visiting, etc. This mother's word has no weight gained by the practice of speaking few but earnest ones, promptly enforced if unheeded, and the child has no fear of punishment. Oh, mothers, *at home* teach the little ones how to mind, in the old-fashioned sense of the word, and it will save you many an embarrassment. In public places it is necessary that children should obey absolutely and with no unwillingness. Secure that obedience by practice at home.

A few "Don't's" and I sum up the matter.

Don't whip very often; if a child understands that you are stronger and wiser than he, it will not be necessary. Don't continually threaten to whip; when you tell him you will do so, don't for any reason fail. Don't feel bound to explain to a child, too small to have a developed perception of right and wrong, the whys and wherefores of everything you grant or refuse; because you wish it, is enough for him to know; teach him to trust that you know best. Don't scold. Don't depreciate. Don't lose your own temper and sink to the intellectual level of the child. Don't laugh at mischief on one occasion and punish on another; be consistent. Don't talk much; your face should show firmness and expectation of obedience. And, for willful naughtiness, direct disobedience, angry passion, or disrespect, don't—for the love of the dear child's future character—seek a selfish excuse to avoid the painful duty of punishing him.

CURRENT TOPICS.

To Nursemaids and Others.

WHEN you take the children out, see that the child in the perambulator is not exposed to sun or wind. A baby's eyes are very sensitive to the light and suffer agony when unsheltered from a strong light.

Don't stand gossiping to your friend. I have seen nursemaids chatting at draughty corners, while the poor little baby lay in its perambulator exposed to a cutting cold wind, and its mother would wonder how it could have taken cold.

And don't on any account take the children into any house without first asking your mistress. There is no doubt many infectious illnesses have been caught from that cause.

Some ignorant girls are very foolhardy with regard to infection. They go into houses where scarlet fever or measles is raging, thinking no harm will be done, especially if they happen to have had the complaint themselves, and so bring away the germs of disease in the clothes and spread them broadcast. Or, else they think, "Well, all chil-

dren must have whooping cough or chicken-pox, or measles (or whatever it may be) at some time or other, and they had better get it over while young."

Now this is a great mistake. There is no need for a healthy child, not wilfully exposed to infection, to have either one or the other of these complaints, which are generally called children's diseases, and often they would be less able to resist the disease when young than when their bodies were stronger and more developed. I would also mention that some infectious diseases can be taken twice.

While you are out with the little ones try to interest them in the works of nature. They learn so much from observation. But if they ask you what you do not know confess honestly you do not know, and take the first opportunity of finding out all about the question.

Be strictly truthful with a child. I heard the other day of a family of children who were all in danger of becoming *confirmed liars* through the bad example of a servant in whose charge they were.

The best way to impress any fact on a child's memory (or indeed, any one's) is to let them find out all about it themselves. Help them to do so, but let them use their own powers to do it.

Let them always have a good romp before going to bed, not to get too excited, but to warm their toes and send them off comfortably to sleep.

Exercise is most important. A good plan with babies is, when they are awake, to let them lie on a mattress or rug on the floor, the head just raised with a pillow, and then let them kick to their heart's content. Only be sure the door is shut and there is no draught upon them.

In washing and dressing children be quick and thorough. Don't leave wet hair hanging about their ears. Dry them well and rub well. Rubbing is very good for children. Some hold that if any part of the body is weak, or undeveloped, rubbing it will do it much good. And don't poke at a child's ears to get the wax out. Nature knows what she is about and does not require your interference. The wax is put in the ear for the purpose of keeping it clean. If you let it alone, the little dry pieces of wax will fall out of the ear unnoticed. The *inside* of the ear should never be washed, and as for poking hair pins down the ear, it is most hurtful. The narrow passage down which you poke is closed at the bottom by a very delicate piece of skin, called the membrane of the drum. If this be damaged in any way,

the child's hearing would be dreadfully injured.

I need not say, I hope, never box a child's ears. Many an unfortunate child has been made *deaf for life* through that alone.

And there is another thing I would particularly caution you about, that is, damp clothes. Always air the children's clothes before putting them on. Don't put them on warm from the fire, but give them a little shake first. And in washing floors be careful not to make the boards too wet, and move all furniture out of the room when you scrub. Bedding will suck up the damp.

Well ventilate your nurseries. If the day is dry, the windows ought to be open a couple of inches top and bottom; the used-up air flies out at the top, and the fresh air rushes in at the bottom. But don't let fog or damp into the room, and don't leave the window so that there would be any danger of a child's falling out.

Take great care of Baby's back. Its little bones are like gristle for a time, and require great support. It is shocking to see how some girls carry babies; sitting up in their arms unsupported, their poor little heads wabbling and their bodies swaying, because the nurse is too lazy to amuse them, and they *won't be good*, she says, lying down. There is no doubt that a vast number of lame and deformed men and women owe their deformity to their nurse's carelessness or cruelty.

If you should be so unfortunate as to have an accident and drop Baby, don't hesitate a moment, but tell its parent *immediately*; medical aid may be of use at once where, after a delay, it would be no good. And this I would also urge in all cases of sudden illness. Tell your mistress whenever there seems to be something wrong with the children. Better be too careful than not careful enough. Besides, what may not seem to you of much importance may be of a great deal to any one who knows the first symptoms of danger.

Never leave any slops in a room. You cannot be too particular in this respect. Teach your charges to be clean. A baby of three months can be taught habits of cleanliness with a very little trouble; this I can testify from my own experience.

Then about feeding bottles. Of course your mistress will choose which kind she prefers. If they have tubes they require so much the more care in cleaning. As soon as they are used, scald them out, and clean with brushes sold on purpose, and then leave them to soak in a pan of cold

water. Be very careful where you leave milk. It is more easily affected by bad smells or impure air than anything.

I should advise first boiling the milk. Never allow Baby to suck at an empty bottle; and pray don't give him your finger to suck to quiet him. It is a disgusting idea and must be hurtful. "Baby's comforters," so called, are unsatisfactory things. A child had far better suck his own thumb, as contented babies are apt to do.

Never wake a child from sleep if it can be helped. Nature will tell him when he has had enough.

Let children have plenty of fresh air, food and water. When babies are teething they are often thirsty. A little water is then very grateful to the poor little hot mouths. Don't be too lazy to give it them.

Lay the nursery fire overnight. Then if a fire is wanted on an emergency, yours only requires a match put to it.

Speaking of matches, children generally like to get hold of a box, so it requires care to keep them out of their reach. As also scissors, needles and such like dangerous articles.

I always think a bath thermometer should be used to test the temperature of water, but if that is not handy, and a child has to be put in a warm bath, your elbow will be a very good substitute; it is more sensitive than your hand, which is hardened by work and contact with hot water.

If ever you have to give your charges medicine, *be sure you read the LABEL* on the bottle or packet before giving the contents. Many people have been poisoned from the neglect of this precaution. Never mind how sure you feel that it is the right bottle or powder, *READ THE LABEL*.

Always supposing the nursemaid to be under the mother or a head nurse, I have not said anything about accidents or medical question. Nursery cards are now sold, I believe, which give directions what to do in an emergency.

Be careful, and accidents are not likely to happen.

"Evil is wrought by want of thought,
As well as want of heart."

If you have to put a newly finished garment on a child, take care to look first and see if a needle be left in it. That is very often the case. I have heard of a poor little child that suffered agonies for a long while before it was discovered that it

had got a needle run into it. The poor little thing was treated for one thing and another, and of course it could not tell itself what was the matter with it.

I am afraid want of thoroughness is a feminine fault. Perhaps it is partly the fault of a girl's education, but, as a rule, men can do women's work better than women can themselves, because they are more careful to do thoroughly what they have to do.

Be tidy. A slovenly nursemaid is an abomination. Some nurses are quite content to sit in a nursery which is like a pig-stye. If remonstrated with, they say:

"Oh, the children will leave their things about; it's no use trying to make the place tidy."

Now this is a great mistake. What you do the children will do. If you are untidy, they will most likely grow up the same.

It is most important that a nurse should be scrupulously clean in her own person.

I believe a good many servants are afraid of cold water. They just dab their faces and hands over with a flannel, when they get up in the morning, and think "that will do," a sentiment, by the way, which is at the bottom of all the scamped work in the world.

"Cleanliness," says the old proverb, "is next to Godliness," and I think it says about right.

Cold water is a grand remedy for a great many complaints, but it is so common that some people overlook its value.

In conclusion, I would say a word for the mothers of your charges.

Be bright and pleasant to your mistress. Don't let her have to tell you of the same thing over and over again. It is very trying for her, though you may fancy she likes to find fault. I can assure you, you are very much mistaken.

The mistress of a house has a great deal to worry her, taxes on her strength and patience. Let her feel she can escape from her cares sometimes to the nursery, where she can enjoy the society of her little ones, in a bright, tidy room, and feel that "nurse" is in sympathy with her.

Try and be a *friend* to your mistress, and that you can be without presuming or being too familiar. The children should be your common ground of interest, and there is no doubt you can each learn something from the other.—*A Few Hints to Nursemaids. London: Elliot Stock.*



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

JANUARY, 1891.

No. 74.

NOT often does it happen that a scientific discovery excites a tithe of the popular interest that has attended the announcement that Dr. Koch has discovered a cure for tuberculosis. And not in the present half century has any discovery been made public which has affected the welfare of the human race so profoundly as this promises to do, if its claims are well founded. But what the discoverer claims must not be confounded with the exaggerated assertions of some of his admirers, or the still more unlimited expectations of the public, or at least of a part of it. Stripped of technicalities, the claim is that this "lymph," for which Dr. Koch proposes the name "parataloid," will, if subcutaneously injected in proper doses and with suitable frequency, cause the arrest of the tubercular process (not the removal of its resulting concomitants, be it noted) in such diseases as are technically called surgical or external tuberculosis, examples of which are found in the obstinate skin disease known as lupus, and in the tedious and dangerous type of joint and bone diseases, of which white swelling of the knee, hip disease and Pott's disease of the spine are well-known instances. Further, it is claimed that pulmonary tuberculosis, or consumption, can at its very beginning be arrested, and that the lymph, by reason of its peculiar effects, will be valuable in determining in doubtful cases whether or not true tuberculosis exists. As we understand the matter, Dr. Koch, who was practically forced to announce his discovery before he completed all the desired investigations, does not claim to know if the arrest of the tubercular process is permanent or not. In all this his conduct presents a very grateful contrast to that of some other authors of alleged discoveries in recent years.

Now these comparatively modest claims are very different from the immoderate expectations of those who look to see consumption and other tubercular disease as controllable as is to-day—thanks to vaccination—small-pox. It is explicitly stated by the discoverer that for advanced cases of lung disease cure cannot be expected. Nevertheless, if any considerable portion of the claims shall prove to be valid, the result to the human race will be an immense boon. If so much as is claimed for pulmonary tuberculosis be true, we should have a means of determining the existence of that disease at an earlier period than we now have, even with the microscope; and, somewhat later, we should still have the means of combating the process and holding it in check until other resources had been called on to reestablish the health of the sufferer. In cases of surgical tuberculosis, while the surgeon's art would still be called for, and, perhaps, as frequently as before, it would be employed with far greater hopefulness as regards the eradication of the disease, inasmuch as the surgeon's knife would find a faithful ally in the lymph which would destroy the poison in the tissues where it might lurk unrecognizable by the eye; and thus the dreaded and too frequently occurring relapses after operations would be lessened or prevented. These, then, as we understand Dr. Koch's own article, are his claims, and these are the reasonable hopes that hang upon them. To expect unreasonable results is to court immoderate disappointment. The determination of the exact value of the discovery can only come from prolonged and extended clinical experience. The part of those who wait for the outcome is to be grateful for any success, rather than to repine or to be dis-

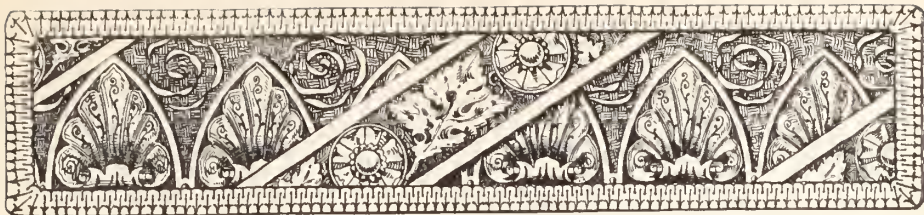
couraged if its degree is but moderate. To Dr. Koch, and to all other sincere workers in this and kindred fields, is due our gratitude for their earnest labors, even if the future shall show that the prize they seek for is not yet won.

The enormous amount of milk adulteration disclosed in the recent trials of offenders in this city, and practiced largely during the past summer and autumn, points to a certain inadequacy in the present method of combating this very prevalent evil. However large the number of inspectors may be, the supervision of city milk cannot be universal. There must be homes in which it is not under observation in some section of the city. Again, the present method of affixing the penalties for adulteration through cumulative fines for successive detection does not seem to reach the case. In Boston and Brooklyn milk licenses are issued to responsible parties, and are held during good behavior. If the holder of a license—and none other is allowed to sell milk in these cities—is detected in the sale, or possession exposed for sale, of adulterated milk, he is warned, and upon his second offence, his license is revoked. This can, however, be reissued in suitable cases. This is certainly a more rational method of dealing with this important matter, and one that meets many positive requirements in the treatment of our milk supply. In the first place, persons wishing to sell milk should be made to apply to the constituted authorities, at the same time stating what their opportunities are for procuring storage and distribution of this necessary food. Their statements should be made matters of investigation, and such individuals only who are shown to be able to procure and care for the best milk should be allowed to expose it for sale. It is a matter of common observation in many sections of the city that milk is exposed in the same box or corner "cheek by jowl" with decaying vegetables and the kerosene oil barrel. It needs no prophetic soul to determine what the outcome will be in this particular case. Everything in the quality and composition of milk emphasizes the

necessity of perfect cleanliness and ventilation in its management and care. It is, therefore, an invitation to the absorption of noxious poisons to allow it to be retailed by the uncleanly and the irresponsible. Let us issue milk licenses, then, to the worthy and competent, these to be cancelled when there is any ground for withdrawing our confidence.

An accident to a little child in a Paris hospital not long ago bears with it a moral that needs a wide application. She had been taken by a nurse to the lavatory for her bath, and the tub drawn full of boiling water. At this point the nurse was called into another room, leaving her little charge seated upon the floor. Two other children, older, coming in at this time and heedlessly thinking all in readiness, placed the child in the boiling water, with speedily fatal results. Of course the blame especially attaches to the meddlesome folly of these children, but similar accidents are constantly occurring the world over. They always have occurred in the past, and the same carelessness will demand its victims to a greater or less extent in the future; but one homely rule about baths, if we only could always keep it in mind, would, in its observance, effectually prevent such accidents, namely: in preparing a warm bath always draw the cold water first.

In the November number of *BABYHOOD* it became our painful duty to characterize the Mayor of Algona, in Iowa, as "the most confirmed bachelor in Christendom," on account of what seemed to us a most unfatherly edict forbidding the use of baby carriages on the sidewalks of that town. As we have since then received a letter from a lady of Algona who claims the "*honor* to be the wife of this 'bachelor' Mayor" (the italics are her own), we sadly make the necessary correction as to the standing of the offender, while still awaiting with anxiety information as to whether the author of that edict is a father as well as a husband.



HOME GYMNASTICS FOR CHILDREN.

BY MARY TAYLOR BISSELL, M.D.,

Professor of Hygiene in the Women's Medical College of the New York Infirmary.

IF nature always worked in perfect lines, or even if she were not constantly thwarted by conventional influences, it is probable that we should need no gymnasiums for our young people, nor any home gymnastics for those children too young to attend the gymnasium. But since it is true that even the freedom of country life does not always result in the symmetrical development of children, and that crooked spines, flat chests and soft muscles are only too often their inheritance or their acquisition, and since the confinement and faulty hygiene of school life tend to emphasize these conditions, there seems to be a necessity for some home training which shall counteract these tendencies.

Perhaps the most common evidence of unsymmetrical development in children is a lateral curvature of the spine, which may be present to a greater or less degree. Fully 30 per cent. of all of the young people examined by the writer show this tendency to some degree, and while in many cases the deviation is very slight and apparently has no tendency to increase, in others it is more severe, producing actual deformity, with or without impairment of the health.

It should be clearly understood by anxious parents that lateral curvature is not a disease of the spinal vertebræ, but is a deviation of those bones from their normal upright to one or the other side of the body, attended by a certain amount of twisting of the vertebræ, technically known as rotation. The common signs of such a curvature are the deviation of the spines from the middle line of the back; uneven shoulders, one or the other being higher according to the direction of the curve; a greater prominence of one hip over

the other; and a certain concavity of outline on one side of the body with a corresponding fullness of the other side, depending also upon the direction of the curve. There is also usually a flattening of one side of the chest, and in the case of girls one breast may be higher than the other. There are other signs familiar to physicians making these examinations, but those already mentioned comprise the most prominent.

It is happily true that these conditions are frequently found among children who are in perfect health, and that even when markedly present they do not necessarily cause any suffering, although many cases of back-ache among young children owe their origin to this affection. As every parent, however, is solicitous for the normal symmetrical development of his children, the frequent occurrence of this affection and its often slight constitutional effects will not render him any less anxious to avoid it by every possible means.

Of its remote cause we are ignorant. It would seem that some children have a predisposition toward it, as they have to tonsillitis or indigestion, since two children in the same family may be subject to the same predisposing influences, one of whom will develop the trouble and the other not. It is possible that there is a nervous element concerned. Of the immediate exciting causes, however, all are agreed that weak muscular development, faulty positions at home and at school in studying, writing, drawing and at the piano, as well as the habit of resting upon one leg and invariably favoring the other, have a marked influence for evil in this direction. The practice of carrying heavy school books upon one arm may also

affect this tendency unfavorably. All conditions should be avoided, therefore, which tend to weaken the muscles of the back in young children, or to exercise one side of the body to the exclusion of the other, or to unduly fatigue them through excessively long periods of application; and all means for prevention should be employed. These would include the provision of proper chairs at home and at school, the restriction of school confinement within reasonable limits, and the avoidance of long uninterrupted periods of drawing, piano practice and kindred employments; as well as correction of faulty positions already referred to.

In addition to these preventive means positive efforts may be used to strengthen the muscles. In a family of several small children, or when a neighborhood of little friends can be collected, much interest can be excited by creating a home battalion, which may be called upon to execute its maneuvers for twenty minutes or more every day. In the case of young children, the question of change of dress will probably not require consideration, as the little ones are commonly attired with regard to freedom of movement and possible chest expansion. If not present, however, these conditions should invariably be insured, and a weekly dress parade in regulation gymnasium blouse and trousers, under the guidance of an active leader of tact and spirit, will result in a merry as well as profitable drill for the little ones, which will remove the atmosphere of drudgery from the work, and turn to play an employment which, behind their backs, we seriously name systematic physical training.

The exercises should include a short list for the region of the back, the chest, the arms and the legs, and care should be taken to alternate the regions used, inasmuch as any single exercise, as for the arm alone, no matter how simple, will easily induce fatigue if maintained for a long period without change. Many of the simple movements here suggested call for no apparatus whatever, as the illustrations indicate, and for the rest the outfit is very simple. A pair of dumbbells for each child, the handle of a discarded

broom or even a good sized cane, a stout bar hung between the jambs of the nursery door, with a small nursery foot-bench and a small basket will furnish active employment for many a useful bit of drill.

And first as regards the back. To favor a good carriage and to cultivate the habit of an erect position in standing, the following simple exercises may be used.

Arrange the little class in single file along a seam of the carpet. Balance a light work-basket or any other light and adjustable article not exceeding 6 ounces in weight upon the head of each child, and drill the line to walk on tip-toe down the carpet seam, balancing the basket on the head, the hands hanging at the sides. Such balancing neces-



FIG. 1.



FIG. 2.

sitates absolute poise and equilibrium of the muscles, and is excellent training for the muscles of the back. It may be made a still more difficult exercise, as well as a more entertaining one, by providing a long rounded pole, 20 feet in length, which may be securely fastened in sockets about 6 inches from the floor, upon which improvised "tight-rope" the children may be taught to walk, with toes turned out. No heavy weights should be used upon the head in these cases, as the value of the exercise depends upon the delicate coördination of the muscles concerned, not upon their actual strength, and this is not improved by weight, which, on the contrary, is harmful to children having any predisposition to curvature. The tight-rope dancer in the circus, with her erect carriage

and perfect poise, is an admirable example of the effect of training the muscles which support the spine by methods similar to this. Similar in effect upon the spinal muscles is the exercise illustrated in Fig. 1.

Standing in the erect position, the child rises on tip-toes, and then sinks the body to the position shown, by bending at the knees



FIG. 3.

only, the back being held rigid. Any yielding at the hips, or even at the neck, interferes with the strong extension of the spinal muscles, which is the object of the exercise. The movement should only be repeated four or five times, with a momentary pause between each extension, as it is somewhat fatiguing, but may be returned to later in the drill, after

other movements have been taken.

To strengthen the muscles at the side of the waist and back, the simple bending exercise shown in Fig. 2 may be given. It should be taken first to the right side for six or eight times, then to the left for the same number of times, and may also be supple-

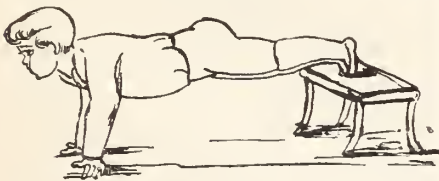


FIG. 4.

mented by backward bending as far as can be easily done. The bending should be from the waist only, without any yielding at the knees. Many children are quite rigid at first in these movements, but the exercise soon results in increased flexibility and suppleness. Full extension of the spine in a perfectly straight position will be gained by hanging

from a bar or from a trapeze, as in Fig. 3, and additional exercise for the muscles in the lumbar region by flexing the leg upon the thigh, and the latter upon the abdomen. If a bar is used, it should be securely fastened at such a height that when the child hangs from it by the extended arms, the tip-toe barely touches the floor. After catching the bar or the trapeze with the hands, the child may be gently swung forward, and with the forward swing the legs should be brought as far up as possible on the abdomen, and dropped again on swinging backward, as shown in the illustration. If space is available, the trapeze or a pair of flying rings hung in the attic or play-room will be found more attractive than

the simple bar-hanging, and the child will hang longer from the movable than from the immovable apparatus. The rings will also furnish further opportunities for small acrobatic feats which are useful for general



FIG. 5.

development, but which will commonly require somewhat more instruction and supervision than the simple exercises here suggested.

Fig. 4 suggests a nursery method of bringing the spinal muscles into play. In this the child supports the weight of the body upon the toes and hands, the toes placed upon a low bench and the arms fully extended, while the body is held quite rigid, and no yielding allowed at any point. The exercise may be varied with amusement to the pupil by "walking" along the bench and floor in this attitude.

Finally the region of the back about the shoulder blades is well exercised by the movement shown in Fig. 5.

The arms should be held shoulder high in the first position, and thrown back as far as

possible in the second position. It may be executed rising on the toes simultaneously with throwing the arms backward, and this movement, with Nos. 6 and 9, forms one of the series known as the "Setting up Drill," regularly used at West Point for the training

of the cadets. Mention may well be made of this small fact to increase the interest of the home battalion, especially if the contingent be largely composed of boys.

Each of these movements should be executed ten or twelve times.

When we come to the region of the chest, we should remember that, so far as possible, efforts should be directed toward increasing the size of the bony cage itself, by developing the heart and lungs, which fill it, and not simply toward increasing the size or strength

of the muscles which cover its exterior. To this end exercises which actually call into play the legs, such as running and skipping, will be found useful, since they call for more blood in the lungs, and consequently more air, and by



FIG. 7.

this rapid interchange the air cells are expanded, and the lungs actually increase in size, pushing out the chest walls. Short distance running is more properly an outdoor exercise, but skipping and hopping may be practiced with advantage at home, with due regard to the presence of fresh air,

and the absence of dust-laden carpets. Simple breathing exercises should also be encouraged after the child is undressed at night. In the recumbent position the child takes a deep inspiration; the breath should then be held while the nurse counts four, and allowed to escape slowly. The child may be taught to make a hissing sound in expiration, by which token the nurse will ascertain that the exercise is being regularly taken.

Almost all free movements of the arms have some influence upon the muscular development of the chest, as well as upon the ribs themselves, varying with their direction and force. However, we are accustomed to think that those positions which throw out

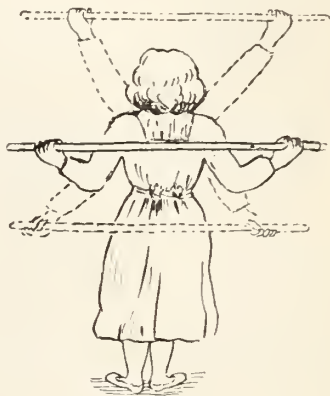


FIG. 8.

the anterior chest wall have a particularly favorable influence in its development, and this is assisted by the movements of Figs. 6, 7 and 8. The movement in Fig. 6, which is one of the "Setting up Drill," should be taken somewhat slowly, and it will be observed that when the hands are brought down from the position above the head to that shown by the dotted lines, viz., palms forward, with little finger on side seam of trousers, it is impossible to retract the chest.

The wand exercises are also excellent for this purpose. A short broom handle may be used for this purpose, or a heavy cane. From the simple erect position, with both feet together and wand held behind the back, the position of "charging" may be taken as shown

in Fig. 7, returning each time to the erect in position, and charging alternately first to the right and then to the left. Fig. 8 also shows an excellent position for shoulders and chest. The wand may be lowered from above the head to midway between the shoulders a few

times, and next, after sliding the hands along to the ends of the stick, should be carried down below the waist as in dotted line.

As aids to chest development as well as to increase their own muscular force, and to improve the regions about the shoulders, come the arm movements proper. Simple movements without apparatus are useful, and those illustrated in



FIG. 9.

Figs. 9 and 10 may be used, which explain themselves.

In the home-drill every effort will have to be made to maintain the interest of the little company, and dumb-bells will prove valuable for this purpose. No advantage,



FIG. 10.

but rather the contrary, is gained by using heavy bells.

Young children under eleven and, if not vigorous, those above it, should use bells of half a pound weight each. Older children may use one pound bells. With these the movements illustrated in Figs. 11 and 12 may

be taken, and many other simple movements can easily be improvised by the leader of the little company. It will be noticed that Fig. 11 starts with the arms bent at the elbows, the palms facing forward, and that in every

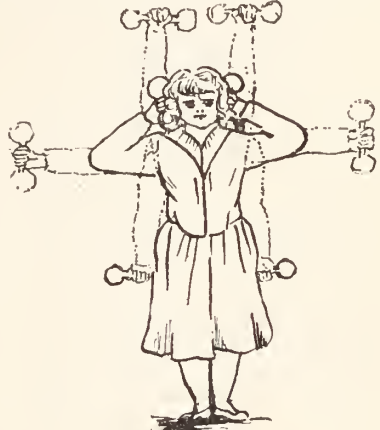


FIG. 11.

succeeding position, up, down and out, the palm is held in the same position, *i. e.*, facing forward.

In Fig. 12 the palm faces inward in every position, the starting position being the ordinary upright, with heels together and arms down at the side, the charge being alternately to left and right, returning to the upright after each charge.

Children should be encouraged to execute each movement with precision, and counting aloud by the leader will assist the drill. The weekly dress parade will gain great zest if it can be accompanied by music.

Fig. 13 combines an arm and side-waist movement, the bending position being taken by the right side six times and then by the left.

As the daily exercise of young children as



FIG. 12.

well as their dancing lessons call into play the muscles of the legs largely, special leg movements are perhaps less necessary. The simple exercises shown in Fig. 14, however, are not only useful for the leg muscles proper, but when actively performed have a beneficial effect upon those of the lumbar region, which effect is desirable from the standpoint of the prevention of curvatures. The exercises may be taken lying upon a rug, on



FIG. 13.

the floor, or on the even surface of a cane lounge. For the muscles of the calves and for those of the front of the legs, alternate rising on toes and heels is the simplest and also the most effective that can be given.

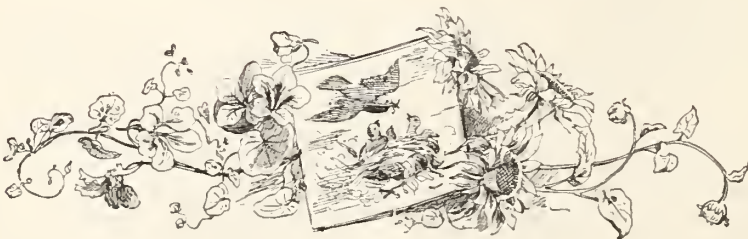
Children who already have a slight degree of curvature may also perform these exercises, but in such cases the charges and also the side bending may be omitted, except by special advice to the contrary, and special care should be given to see that fatigue is not induced. Frequent periods of rest should be given to all young children, and while drilling them to precision of movement and to the maintenance of an erect carriage with the chest forward and the head erect, care must

be exercised to prevent any symptom of undue weariness. In many cases only one half of the exercises suggested should be taken at one drill, and interest will be maintained by reserving one or more new exercises for each lesson. Especial attention should be given to the ventilation and dusting of the room used for exercise, which should, if possible, have no carpet on the floor. It is certainly undesirable to have a little class of children stirring actively about a room engaged ostensibly in improving their physique, while breathing in the dust which their movements must give rise to if performed on a carpet in ordinary use. The



FIG. 14.

hard-wood floor of a dining-room with rug removed temporarily would offer a desirable spot for such activity, and the temperature should be not over 68 degrees Fahr. during the period of active exercise. Fresh air should enter, not in draughts, but sufficiently to insure the supply of oxygen which the increased activity of the lungs demands. With attention to these details home gymnastics for children can undoubtedly be made to minister to their physical development, symmetry and vigor, as well as to their mental and moral improvement, by providing a physical outlet for their natural healthy exuberance of spirit.



MUMPS.

BY LEROY M. YALE, M.D.,

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AMONG the minor contagious diseases of childhood is mumps. Its almost uniformly favorable course makes it occupy the physician's attention but little, but its discomforts make it hold that of the patient a good deal.

The saliva is furnished to the mouth by three pairs of glands: the sublingual walls which lie beneath the anterior part of the tongue; the submaxillaries which are a little farther back, below and within the sides of the jaw, and—by far the largest—the parotid, which lie in front of and below the lobes of the ears. It is these last glands which are the common seat of mumps.

The disease is contagious, the nature of the contagious principle being unknown, and often is epidemic. This last peculiarity is best observed in the country or in small places in which it may happen that, after perhaps a total disappearance of the disease for some years, it reappears and attacks nearly every child or young person not already protected by a previous attack. Infants and persons who have reached middle life are more exempt than older children and young persons, and males are more frequently attacked than females. Like many other contagious disorders it is much more likely to appear in the winter and spring.

There is a period of incubation between the exposure to contagion and the outbreak of the disease, which has been variously estimated as varying from one week to three. Probably the shorter period is much near the average than the longer. The stage of invasion (the "coming down" period) is short, from twelve to twenty-four hours, during which there is chilliness, flushings, general pains and discomfort, a pain on chewing or (an old wife's test) on taking acid liquids into the mouth. Occasionally, especially in feeble and nervous children, the

premonitory symptoms are more pronounced and resemble those of the eruptive forms, such as vomiting and diarrhoea, fainting and even convulsions. During this period the temperature rises, but usually the fever is mild.

The distinctive symptoms of the disease begin with a peculiar pain in or near the parotid gland, which is described rather as a stitch or catch, the sensation shooting into the ear, and the discomfort is increased by any motion of the jaw. This pain increases, and externally there is tenderness and presently swelling. The groove between the cheek and the ear is filled and the lobe of the ear is pushed outward. In well marked cases the swelling not only covers the position of the gland but extends down upon the neck and forward upon the cheek, the extent varying very much; but the point in front of the ear generally remains the most prominent one. Occasionally the other salivary glands mentioned are attacked, and the trouble is sometimes observed to attack them to the exclusion of the parotid. The writer once saw a small group of cases, due perhaps to a common contagion or to each other, in which the swelling was confined to the submaxillary glands.

The swelling usually increases for two or three days, and after a day or two more decreases generally rapidly. The attack begins on one side, but the other gland is usually soon involved, and when both are much swollen the countenance has a peculiar stolid appearance, which the immovability of the head and jaws, the dribbling of saliva and the impaired hearing increase until the patient seems to be really stupid. In fact he is not at all so. The head is immovable because of the pain which motion causes; the jaws are fixed for the same reason, and most patients decline all food which requires chewing, and many find even the swallowing

of liquids so painful that they prefer to fast. The pain and the usually changed voice also make the patient chary of words. When the parts are kept quiet the pain is but moderate.

The general symptoms of fever, such as thirst, constipation, loss of appetite, discomfort, and sometimes disturbed sleep or flightiness are present. With the abatement of the local swelling they as promptly disappear.

It is well to mention a peculiarity of mumps, namely, its attacking in some instances other parts by the same or a similar inflammation, especially the sexual organs in both sexes, and the breasts in females. These remote outbreaks do not usually occur in childhood, but rather in adolescents and growing adults. The fact that they occur about the times that the inflammation is disappearing from the parotid region, has given rise to the belief that the disease had been transferred from one place to another, or as it is expressed popularly, "has gone to," or "has been driven to" (in case of imprudence), to the distant part. Closer examination has led physicians to doubt the real transference, and to consider these cases as due to the same contagion affecting two parts. The only practical bearing of the distinction is this, that mothers or attendants are apt to assume carelessness or neglect if the complication occurs, when there seems to be no real reason for such an opinion.

As we said in starting, entire recovery from mumps is the almost absolute rule. As a rule, too, the remoter complications alluded to are recovered from without permanent injury to the parts.

Little medication is needed. The bowels should be kept open by laxatives. If the fever is high, tincture of aconite in small doses, or a warm bath, will add to the comfort of the patient. If the patient is wakeful a hypnotic may be desirable. Milk and nutritious broths without much seasoning, on account of the sensitiveness of the throat, are about all the food which can be given. Drink should be allowed as freely as desired. The local remedies commonly used are laudanum and sweet oil, a dram (teaspoonful) of the former to an ounce of the latter, or a similar preparation of tincture of belladonna with oil or glycerine. These are to be rubbed on the swollen parts and covered with a band of flannel or a layer of cotton with oiled silk over it. Ordinarily, the treatment of the "transferred" inflammation is just the same in the new site as in that from which it came. In all cases patients should be kept warm in their room, and usually they are better off in bed until the trouble subsides. It should not be forgotten that this ailment is contagious, and proper warning should be given to others. Of course all cases which present unusual symptoms, either as to severity or as to kind, should have the advantage of medical advice if obtainable.



HEART DISEASE IN YOUNG CHILDREN.

BY HENRY DWIGHT CHAPIN, A.M., M.D.,

Professor of Diseases of Children at the New York Post-Graduate Medical School and Hospital.

IT is generally believed that various forms of heart disease are not common in early life. The aggravated cases seen in adults, accompanied by breathlessness, swelling of the extremities and even sudden death, are very rarely met with in children. Still, disease of the heart may begin quite

early, although the symptoms are comparatively mild, as will be explained later on. A broad division may be made in children, as well as adults, into functional and organic heart disease.

Functional Heart Disease.

This form of heart affection is not attended

by any change of structure in the muscular tissue or valves of the heart, but is accompanied by some prevented action of this organ. This may be shown by irregular beating of the heart, shortness of breath, particularly on exertion, and some uneasiness or pain in the chest.

Palpitation of the Heart.

This term is applied to a tumultuous action of the heart, coming on at irregular times and often associated with short or rapid breathing. During health one should not be conscious of the existence of internal organs. If attention be called to a particular organ by any sense of discomfort, it is certainly not acting in a normal manner. Thus the beating of the heart should not be felt, except temporarily after violent exertion. Where one feels this organ striking against the chest wall, it is in a condition of palpitation. This symptom is very commonly seen in both functional and organic heart disease.

Causes of Functional Disturbance.

The commonest cause is found in some disturbance of the gastro-intestinal tract. Improper feeding, so often seen in early life, starts up fermentation in the intestines, with the production of acid and gas. The heart soon sympathizes with this intestinal irritation, with resulting palpitation or like disturbance. A condition of anæmia, or watery blood, is not infrequently responsible for a functional heart affection. Among the less frequent causes may be mentioned teething and worms.

Treatment.

By discovering the cause of the trouble and removing it, we can generally succeed in getting the heart back to its normal action. In most cases, a mild laxative, followed by careful regulation of the diet, will suffice. It is important to avoid overfilling the stomach, hence large quantities of food should not be given at one time. After attention to the diet, it may be necessary to give one of the blander preparations of iron in order to enrich the blood, and thereby tone up the action of the heart together with all the other organs.

Organic Heart Disease.

Two forms of organic disease of the heart may be recognized in early life—the congenital and acquired. The former consists of some malformation of this organ existing from birth. The exact cause of this defective development is not known. There may be an abnormal opening between the right and left sides of the heart, or a partial closure of some of the great vessels that conduct the blood to various parts of the body. As a result of any such defect there is a serious and irremediable disturbance of the circulation. These unfortunate cases are known as

Blue Babies.

This characteristic name describes the appearance that may be noted by all observers. The face and extremities exhibit various shades of blueness according to the gravity of the case. Owing to poor circulation in the extremities, the ends of the fingers show a peculiar bulbous appearance. There is generally more or less embarrassment of breathing and palpitation of the heart. In addition, these infants are sickly and ailing, with a poor general development. The skin is apt to be cold, and the slightest exposure will result in bronchitis or pneumonia. An intercurrent attack of one of the latter diseases is a common cause of death. Sometimes a simple diarrhœa will have a fatal ending, as vitality is low in these cases. It is rare that a blue baby lives beyond three or four years, and a large number succumb before this time. All that can be done is to avoid exposure and make them as comfortable as possible.

Acquired Heart Disease.

The form of heart trouble acquired by disease differs in some respects from that due to malformation. It is very rarely seen under four years of age, and is not often noticed until much later.

Causes of Heart Disease.

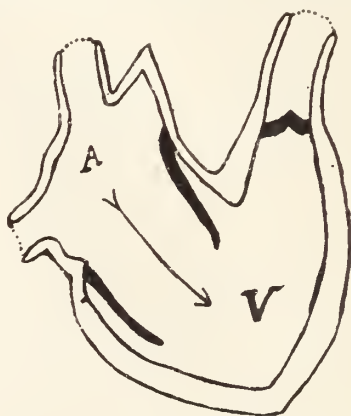
The large majority of cases are due to rheumatism. The manifestations of this affection in early life may be very obscure. Instead of attacking the joints proper, the tissues around a joint or the lining mem-

brane of muscles are apt to be involved, producing what are often incorrectly called "growing pains." Some children complain of general soreness and pains all over the body, without being able to locate them in any one particular spot. In most cases, however, there is some pain or stiffness in the lower extremities, particularly in the thighs and calves. This is especially noticed upon exertion. These pains have a tendency to shift from one part of the body to another. Before considering these pains rheumatic, simple bruises and sores must be eliminated, also the muscular weariness developed in weakly children by over-exercise. But rheumatic pains usually go from one joint to another, or from one set of muscles to another, and exist independently of any such factors as injury or over-exercise. A pain that attacks a knee, then an ankle, and next the muscles of the thigh or calf or shoulder, is almost surely rheumatic, without other manifestations of the disease. Complete or partial disability may likewise be added to the pain in a part, without any swelling or redness. Unfortunately, the lining membranes of the heart are attacked by rheumatism in the same way as the membranes of the joints or muscles. At the time, this accident may be overlooked, particularly if the attack be obscure. There will be palpitation, slight pain and breathlessness, with a dry cough, and the child seems sicker than before. Apparent recovery often takes place in a week or so, but the heart may be left more or less permanently damaged by what will presently be described as valvular disease. While the heart may be the first structure attacked by rheumatism, this is not the common order of events. In most of the histories of heart disease in children that I have taken, the trouble seemed to come on after several attacks of rheumatism. Great care must hence be exercised early to recognize the first manifestations of this disease in children, and vigorous measures be taken to combat them, from fear that, although the heart may escape the first mild attacks, it may suddenly and unexpectedly become affected by an equally light manifestation of the disease. Out of

seventy-six cases of rheumatism that I have examined, under seventeen years of age, twenty-six have been left with organic valvular disease of the heart. The next most frequent cause of heart disease in children is scarlet-fever, and, after this, the various other contagious or infectious diseases. Both the outer and inner lining membrane of the heart may become inflamed, but the inner membrane is oftenest involved, especially that portion lining the valves. As a result, various changes ensue in these delicate structures, producing what is known as

Valvular Disease.

In order to comprehend the damage that results from any crippling of the heart valves,



* FIG. 1.—A, Auricle; V, Ventricle.

it will be necessary to glance at the circulation of blood through this organ. The heart is divided into two distinct and non-communicating halves, known as the right and left heart. Each of these parts is divided into two compartments, named auricle and ventricle. The impure blood from the body is received in the right heart, by which it is pumped through the lungs, where purification takes place by means of the oxygen of the air. The left side of the heart receives this purified stream and propels it to all parts of the body. The method by which the blood passes through the heart is the same in both cases. As soon as the auricle becomes distended with the inrushing blood, it begins to

* Figs. 1 and 2 from Dalton's Physiology.

contract and empty itself into the ventricle. The latter compartment is guarded by valves, which remain closed in order to allow it to become properly filled with blood. (Fig. 1.) When this is accomplished, the ventricle it-

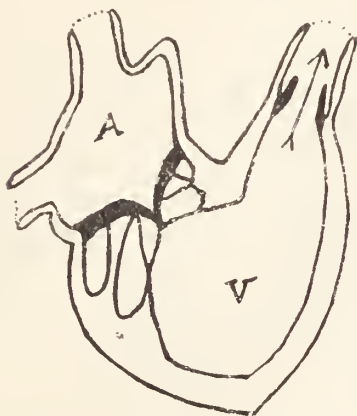


FIG. 2.—A, Auricle; V, Ventricle.

self contracts upon the blood, thereby forcing open the valve at the outlet and simultaneously snapping back the valve separating it from the auricle. (Fig. 2.) By this simple and beautiful mechanical action of the valves,

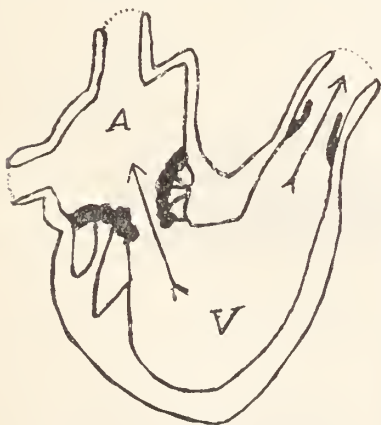


FIG. 3.—A, Auricle; V, Ventricle.

the heart is enabled to act as a powerful force-pump, with a comparatively small expenditure of energy. Inflammation of the lining membrane of the heart is largely localized around the valves. As a result, these

delicate structures become thickened and roughed, the silk-like cords holding them in place contract, and the valve is no longer competent. A regurgitation or leaking back of the blood into the auricle ensues. (Fig. 3.) This puts double work upon the heart, as the current of blood flows in two directions instead of one, upon contraction of the ventricle.

Compensation for Valvular Defect.

In order to pump the proper amount of blood through the body in spite of the leak of the defective valve, some extra force in the heart's action is necessary. This is procured by enlargement of the heart muscle, which always follows, to a greater or lesser extent, in these cases. Indeed, the extent of the damage can often be roughly estimated by the amount of enlargement of the heart necessary to overcome it. As long as the leak is thus compensated for, there are few symptoms. There comes a time, however, when the heart muscle is unequal to the extra strain, and then palpitation, breathlessness on exertion, more or less constant cough, swelling of the extremities, and various signs of a failing circulation will gradually appear.

Perfect Compensation in Childhood.

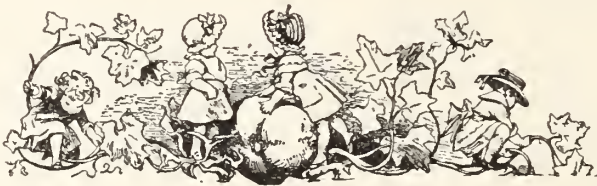
In most cases of valvular disease in children, the growth of the heart muscle completely compensates for the leak, which prevents many of the symptoms of circulatory disturbance seen in later life. Their blood-vessels are likewise healthy and elastic, which facilitates the action of the heart. As patients grow older, a certain stiffening of the vessels takes place, which increases the strain upon a heart already crippled. I believe a large proportion of cases of valvular disease in adult life have begun in childhood, but have not been recognized on account of the negative character of the symptoms. In the absence of marked symptoms, referable directly to the circulatory and respiratory organs, we must sometimes look rather to the general condition of the child to observe the effects of heart disease. An imperfect nutrition and absence of vigorous growth may, not unfre-

quently, be the sole apparent result of imperfect cardiac function in early life. Most of my cases have shown a lack of vigorous vitality and a poor nutrition. I believe a careful examination of the heart will explain a certain proportion of cases of obscure developmental trouble and poor vitality in children, that cannot otherwise be explained. At times a dry, hacking sort of cough, with some palpitation and breathlessness on exertion, may be noticed to accompany the condition of poor nutrition. In not a few cases of valvular disease in children there will be no symptoms at all, and it is not until many years later, in some portion of adult life, that this grave lesion is discovered. Many adults even suffer little or no inconvenience from valvular defect, provided it be not too extensive.

Treatment.

Extra care must be taken with children of rheumatic parents in order to avoid any manifestation of this disease. The diet must be regulated so that all forms of indigestion may be prevented. Attention to the skin is likewise required to avoid chilling. These children should have three sets of flannels, the extra heavy, medium and light, each adapted to the proper

season. Complaints of wandering pains in the limbs should receive attention on the part of parents, and if the cause is not apparent, a capable physician should be summoned to examine the case. When the heart has become involved in an acute inflammation, absolute rest in a recumbent posture is indicated. If this is not procured, the delicate, softened heart-muscle quickly undergoes dilatation, followed by permanent damage to the valves. It is very probable that inflammation will not always nor necessarily result in valvular disease, and to try and accomplish this desirable result, prolonged rest is very essential. In cases of chronic disease, every effort must be made to keep up the general health and strength by means of nourishing, easily digested food, iron and cod-liver oil. Over-exercise must be avoided, particularly taking part in violent games. Judicious, gentle exercise is desirable. These cases should be under the oversight of a physician, who, by careful watching, may ward off complications and aid the heart in maintaining its action unimpaired. We may hope in some cases, where the lesion is not extensive, that with an improved condition of the blood and healthy growth the child may recover.



PRONOMINAL PROGRESSION.

BY ADDIE FUNK.

TWO maidens fair if in talk you see,
And chance to overhear a word,
Ten to one the oftenest heard
Will be the little pronoun "he."

Listen to talk of two brides of a moon;
Their speech is set in a different key,
They have much to say of some terrible "she"—
The servant problem has risen so soon.

But matrons young have another theme;
They revel in adjectives exquisite,
All bestowed on a precious "it"—
The *baby* has come to rule supreme.

THE FIRST MONTH IN FRENCH.—I.

AN ILLUSTRATION OF A PRACTICAL METHOD OF TEACHING YOUNG CHILDREN.

BY LOUIS HEILPRIN,

Author of the "Reformed Primer and First Reader."

IT is a great mistake, as a general thing, to undertake to teach a young child to *speak* a foreign language when the opportunity of constant intercourse in that tongue is wanting. After years of continuous and for the most part uncongenial study, the pupil seldom gets beyond the point of just being able to "murder" the language, and frequently, by reason of some interruption or stoppage, that which has been so laboriously acquired is in a great measure lost before it has been applied to any practical purpose. The acquisition of this half knowledge at a very early age (admitting that considerable progress has been made) is in most cases achieved through an unwarranted expenditure of time and energy. The ability to speak a foreign tongue in the most incorrect manner is only a factitious accomplishment, while the mental discipline involved in this repetitive form of exercise is of very slight value. In ninety-nine cases out of a hundred the game is not worth the candle. Little more has been done than to waste precious time, and in the vain endeavor to learn to *speak* the language the child has lost the opportunity which might otherwise have been afforded of learning to *understand* it.

It is a very different thing to undertake to teach a young child to comprehend and *read* a foreign language. The progress is bound to be vastly more rapid and satisfactory, and the probability of ultimate success is infinitely greater. Instead of spending the time in grappling more or less fruitlessly with an endless array of idiomatic forms, and all kinds of anomalies and incongruities, which is not a very stimulating exercise with the great majority of young children, the pupil may at a comparatively early stage begin to master the art of translating connected and elegant discourse; and if he acquires nothing more than the ability to read and understand a simple tale or historical narrative, it will be much more of a real and genuine accomplishment than the ability to converse a little, and that incorrectly, within a very limited range of topics. There will be much less likelihood that the knowledge

acquired will be lost before it can do any practical service. But little systematic practice is needed to secure continuous progress, and what is learned may be made the permanent foundation for substantial acquirements.

Of course, the task of teaching a young child a foreign tongue ought not to be embarked upon lightly. The situation should be surveyed closely at the outset, and the question of expediency carefully considered. The experiment is warranted only when the conditions are quite favorable. It must, above all, be the teacher's aim to prevent the pupil's work from becoming a distasteful drudgery, which is but too often the case. With those few children who evince a spontaneous desire to learn to speak the language, a desire amounting to more than a mere caprice, there is no reason, of course, why the inclination should not be gratified as long as it remains active. But even with them the best investment of time and effort will be in learning to understand the language and to translate it into their own. The way to secure an absolute mastery of one's own language is to practice the art of translating idiomatically into it from some foreign one.

The following scheme of instruction, designed to serve as a guide to mothers who are entering upon the task of imparting to their young children a knowledge of the French language, is intended to embrace the ground covered by twenty oral lessons. The material found in any ordinary text-book can readily be adapted to the method here developed. It is proposed that the child shall master in a four weeks' course of study all that is contained in these twenty lessons, but only to the extent of rendering from French into English.

It is presupposed that the amount of time devoted to each lesson will not exceed twenty minutes or, at the utmost, half an hour, which will admit of the necessary rate of progress in the case of pupils possessing a fair capacity, combined with a desire to learn. Where this is found to be insufficient, it is expected that the

teacher will divide the material accordingly, so as to expand the course of study by one or two weeks, or even more if several children should be taught together. It is not proposed that the pupil shall learn to read before the completion of this initial course, although a beginning may be made in a small way without using the printed text, single words or phrases being placed on the blackboard, or, better still, written in bold characters on small cards. It is well not to call upon the pupil to pronounce at the outset, unless perhaps a few words or expressions presenting no phonetic difficulty. The teacher should make it a point to discard the book as far as possible during the lesson, instead of constantly referring to it. There is more life and interest in the instruction when words and sentences are not read off, but fall upon the pupil's ear as spoken utterances.

It will be perceived that in the method here presented the principle of constant reiteration is strongly emphasized. A considerable portion of each lesson should be devoted to a rapid rehearsal of what has been acquired, or at least of a part of it. The well known rule that the introduction of a new element should go hand in hand with the repetitive process is applied in these lessons as far as expediency can demand. A feature which has been prominently developed is the form of exercise in which sentences succeed each other differing with respect to a single element only, *e. g.*, *Have you seen my pencil? Have you found my pencil? Have you found your pencil? Have you lost your pencil? Where have you lost your pencil? Where have you left your pencil? Where have you left your book?*

In learning a language it is essential that the child shall make the round of all he knows under the guidance of the teacher at frequent intervals, and, as the time available for the exercise is necessarily limited, it is important that each of these reviews shall cover as much ground as possible. In order to effect this, the method of review by categories should be largely employed. The elements already mastered should be arranged in homogeneous groups, *e. g.*, names of peculiar objects, commands, expressions dealing with the weather, sensations, colors, attributes of size and shape, parts of the body, phrases of similar grammatical construction, etc. The child's attention during the review exercise will be more concentrated, and his memorizing faculty more effectually brought into play, than if he were made to pass over the same ground without the material being classified. It is, of course, part of

the teacher's task to expand this process of grouping as the instruction progresses, although the text-books ought to afford much more help in this respect than they usually do. It is unfortunate that our books for the study of languages, as a general thing, make no adequate provision for rapid systematic review by categories. In fact, the want of success which so frequently attends the teaching of language would seem to be attributable, in a great measure, to the lack of appreciation on the part of educators of the true position which the review exercise ought to occupy in the scheme of study. As the material accumulates, the ratio of what is being forgotten to what is being absorbed is apt to become a very large one, and the point may be reached where little more is added than is lost, so that the pupil remains almost at a stand-still.

Another principle which should be brought into operation, in order to quicken the memorizing process, is that of abrupt transition from one order of elements to another. When the child's brain has imbibed as great a quantity of miscellaneous or of classified elements as it appears capable of readily absorbing at one time, and its activity begins to slacken, a fresh impulse may be communicated to the mechanism of the memory by suddenly passing over to a class of subjects entirely distinct from what has just preceded. We may, for example, have been teaching the pupil a considerable list of words expressive of mental states and qualities (*glad, sad, happy, unhappy, lazy, diligent, clever, foolish, etc.*), adding on new words until the work of memorizing began to grow difficult. If now a brisk transition be made to words of an entirely different order, as, for example, the names of tools, it will be found that the child can learn a long series of them almost as readily as if his memory had not been burdened by the list of adjectives previously taught. A judicious application of this principle will stimulate the learner's activity, and may alleviate in a considerable degree the labors of the teacher.

In teaching a child a foreign language there need be no hesitation, even at the beginning, in introducing fairly long sentences containing elements not yet taught, and making him learn to understand them. A child will frequently learn to recognize a complex sentence as a whole when he hears it uttered almost as readily as a single word. A large number of sentences can be mastered in a very short time (to the extent of understanding), especially if they are selected with

reference to the varying degrees of sensitiveness of the juvenile mind with respect to different orders of ideas. With systematic reviewing the stock will accumulate steadily, and in this way excellent results may be achieved in the matter of the training of the ear and the memory and the concentration of the attention.

In the following pages a word or phrase introduced for the first time is printed in capitals. A dash indicates that the preceding phrase or sen-

tence is to be given to the pupil to translate with the substitution of the word or words following the dash for the corresponding element; thus: *Who has taken my book?—my pencil?* (*Who has taken my pencil?*); *When did you see my friend?—meet?* (*When did you meet my friend?*)

It is not purposed that the teacher shall follow closely the directions with respect to review inserted in the lessons. They will serve to indicate the *method* of review to be adopted.

THE FIRST MONTH IN FRENCH.

LESSON I.

1. CHEVAL. CHIEN. CHAT. TABLEAU. LIVRE.
2. REGARDEZ le cheval—chien—chat—tableau—livre.
3. JOLI. Regardez le joli chien—tableau—livre—chat.
4. CRAYON. PLUME. Votre crayon. Votre plume—livre—joli livre—tableau—chien—chat.
5. COMMENT S'APPELLE CELA EN FRANÇAIS?

1. Horse. Dog. Cat. Picture. Book.
2. Look at the horse—dog—cat—picture—book.
3. Pretty. Look at the pretty dog—picture—book—cat.
4. Pencil. Pen. Your pencil. Your pen—book—pretty book—picture—dog—cat.
5. What do you call that in French?

LESSON II.

Begin with a thorough review of Lesson I.

1. DONNEZ-MOI.
Donnez-moi votre livre—crayon—plume.
2. MONTREZ-MOI. Montrez-moi votre plume—crayon—livre—chien—chat—cheval—tableau—joli tableau—joli livre, &c.
3. QUI A PRIS?
Qui a pris mon livre?—crayon—tableau—joli tableau—ma plume?
4. CANIF. OISEAU. AIGUILLE. POUPÉE.
5. Mon canif. Votre canif—oiseau.
Mon oiseau—aiguille—ma poupée.
Qui a pris mon aiguille?—ma poupée?
Montrez-moi votre oiseau—poupée.
Regardez mon joli canif—oiseau.
6. PRÊTEZ-MOI. Prêtez-moi votre canif—aiguille—crayon—plume—livre.
7. S'IL VOUS PLAÎT. Prêtez-moi votre canif, s'il vous plaît—montrez-moi, &c.

1. Give me.
Give me your book—pencil—pen.
2. Show me. Show me your pen—pencil—book—dog—cat—horse—picture—pretty picture—pretty book, &c.
3. Who has taken? (Who took?)
Who has taken my book?—pencil—picture—pretty picture—pen?
4. Pen-knife. Bird. Needle. Doll.
5. My pen-knife. Your pen-knife—bird.
My bird—needle—doll.
Who took my needle?—doll?
Show me your bird—doll.
Look at my pretty pen-knife—bird.
6. Lend me. Lend me your pen-knife—needle—pencil—pen—book.
7. Please (If you please). Please lend me your pen-knife—show me, &c.

LESSON III.

Review Lessons I. and II.

1. PETIT. Un petit chien—cheval—tableau—canif—oiseau—livre.
Un joli petit livre—chien—oiseau.
Une petite plume. Une petite poupée.
Regardez la jolie petite poupée, &c.

1. Little. A little dog—horse—picture—pen-knife—bird—book.
A pretty little book—dog—bird.
A small pen. A little doll.
Look at the pretty little doll, &c.

2. UNE MAISON. UNE ROBE.
Une jolie robe—maison—petite maison.
Montrez-moi votre jolie robe.
3. VOICI. Voici un joli petit oiseau.
Voici un chien—livre—crayon—tableau—votre crayon—plume—aiguille—poupée.
4. COMMENT VOUS PORTEZ-VOUS?
5. TRÈS BIEN. MERCI.
6. IL FAIT CHAUD. IL FAIT FROID.
IL FAIT BEAU TEMPS—MAUVAIS TEMPS.
7. AVEZ-VOUS VU MON CHEVAL?—chien—chat—oiseau — canif — crayon — aiguille — ma maison — plume — robe — jolie robe — jolie poupée—jolie petite poupée?
2. A house. A dress.
A pretty dress—house—little house.
Show me your pretty dress.
3. Here is. Here is a pretty little bird.
Here is a dog—book—pencil—picture—your pencil—pen—needle—doll.
4. How do you do?
5. Very well. Thank you.
6. It is hot. It is cold.
It is fine weather—bad weather.
7. Have you seen my horse?—dog—cat—bird—pen-knife—pencil—needle—my house—pen—dress—pretty dress—pretty doll—pretty little doll?

LESSON IV.

Review Lessons II. and III.

1. AVEZ-VOUS PERDU VOTRE CRAYON?—plume—livre—aiguille—poupée—canif—joli petit canif—oiseau? &c.
2. AVEZ-VOUS TROUVÉ VOTRE CANIF?—mon canif—votre chien—la maison? &c.
Avez-vous vu mon livre?—perdu—trouvé?
3. L'AVEZ-VOUS VU?—perdu—trouvé?
4. OUI, MADAME; JE L'AI VU—trouvé—perdu.
5. ALLEZ CHERCHER VOTRE LIVRE—aiguille, &c.
6. CHAPEAU. Allez chercher votre chapeau.
7. J'ai faim; donnez-moi, s'il vous plaît, un petit morceau de pain.
1. Have you lost your pencil?—pen—book—needle—doll—pen-knife—pretty little pen-knife—bird? &c.
2. Have you found your pen-knife?—my pen-knife—your dog—the house? &c.
Have you seen my book?—lost—found?
3. Have you seen it?—lost—found?
4. Yes, ma'am; I have seen it—found—lost.
5. Go and get your book—needle, &c.
6. Hat. Go and get your hat.
7. I am hungry; please give me a small piece (a bit) of bread.

LESSON V.

Review Lesson IV., III., 3, 6, 7; II., 3, 7; I., 5.

1. ROUGE. JAUNE. BLANC. NOIR.
VERT. BLEU. GRIS. BRUN.
(Give at first the masculine form only.)
2. Un oiseau rouge—jaune—vert.
Un joli oiseau jaune—rouge, &c.
Un chapeau noir—gris—brun.
Une robe bleue—noire—blanche, &c.
Une petite maison blanche.
Un chat noir—chien—cheval.
Un crayon rouge—bleu.
3. GARÇON. FILLE. Un petit garçon.
Une petite fille. Une jolie petite fille.
4. JE N'AI PAS PEUR DE VOTRE CHIEN.
1. Red. Yellow. White. Black.
Green. Blue. Gray. Brown.
2. A red bird—yellow—green.
A pretty yellow bird—red, &c.
A black hat—gray—brown.
A blue dress—black—white, &c.
A little white house.
A black cat—dog—horse.
A red pencil—blue.
3. Boy. Girl. A little boy.
A little girl. A pretty little girl.
4. I am not afraid of your dog.

LESSON VI.

Review Lessons V., IV.; III., 7; II., 1, 2, 6, 7.

1. PÈRE. MÈRE. FRÈRE. SŒUR.
2. OÙ EST VOTRE PÈRE?—mère—ma mère?
Voici mon frère—ma sœur—votre sœur.
1. Father. Mother. Brother. Sister.
2. Where is your father?—mother—my mother?
Here is my brother—my sister—your sister.

3. ONCLE. TANTE. Mon oncle. Ma tante.
Où est mon oncle ? Voici ma tante, &c.
Avez-vous vu ma tante ?—sœur ? &c.
4. OÙ AVEZ-VOUS VU MA SŒUR ?—mère ? &c.
5. JARDIN. DANS LE JARDIN. Dans la maison.
Où avez-vous vu mon frère ?
6. JE L'AI VU dans le jardin—votre jardin.
Où avez-vous vu ma sœur ?
JE L'AI VUE dans la maison—le jardin.
7. COUR. PARC. Dans la cour. Dans le parc.
8. OÙ AVEZ-VOUS TROUVÉ CE JOLI PETIT OISEAU ?
Je l'ai trouvé dans le jardin—la cour, &c.
Où avez-vous perdu votre canif ?
Je l'ai perdu dans la cour—le parc, &c.
9. UN ENFANT. Un petit enfant.
3. Uncle. Aunt. My uncle. My aunt.
Where is my uncle ? Here is my aunt, &c.
Have you seen my aunt ?—sister ? &c.
4. Where did you see my sister ?—mother ? &c.
5. Garden. In the garden. In the house.
Where did you see my brother ?
6. I saw him in the garden—your garden.
Where did you see my sister ?
I saw her in the house—garden.
7. Yard. Park. In the yard. In the park.
8. Where did you find that pretty little bird ?
I found it in the garden—yard, &c.
Where did you lose your pen-knife ?
I lost it in the yard—park, &c.
9. A child. A little child.

LESSON VII.

Review Lessons VI., V.; IV., 5-7; III., 2; II., 6, 7; I., 5.

1. PAUVRE. Un pauvre enfant—garçon.
Une pauvre petite fille.
Regardez ce pauvre enfant—oiseau.
2. CE PAUVRE ENFANT A PERDU SA MÈRE—son père—son frère—sa sœur.
Donnez un morceau de pain à ce pauvre enfant—garçon—cette pauvre fille.
3. LA VIANDE. LE POISSON. LE LAIT.
4. AIMEZ-VOUS LA VIANDE ?—le poisson—lait—votre frère—sœur—tante—ce garçon—cet enfant—cette fille ?
Aimez-vous les chats ?—chiens—oiseaux ?
Donnez un morceau de viande à ce pauvre enfant—chien—chat.
5. OÙ AVEZ-VOUS MIS MON CHAPEAU ?—livre—crayon—canif—plume—votre plume—aiguille—poupée—mon tableau ?
6. Je l'ai mis SUR LA TABLE.
1. Poor. A poor child—boy.
A poor little girl.
Look at that poor child—bird.
2. This poor child has lost his mother—his father—his brother—his sister.
Give a piece of bread to this poor child—boy—this poor girl.
3. The meat. The fish. The milk.
4. Do you like meat—fish—milk—your brother—sister— aunt — this boy—this child—this girl ?
Do you like cats—dogs—birds ?
Give a piece of meat to this poor child—dog—cat.
5. Where did you put my hat—book—pencil—pen—knife—pen—your pen—needle—doll—my picture ?
6. I put it on the table.

LESSON VIII.

Review Lessons VII., VI.; V., 4; IV., 5; III., 4, 5.

1. FERMEZ LA PORTE—LA FENÊTRE.
2. OUVEREZ la porte—la fenêtre.
3. FERMEZ LE TIROIR. Ouvrez le tiroir.
Où avez-vous mis mon crayon ?—trouvé ?
Je l'ai mis dans le tiroir—trouvé.
4. COMMENT S'APPELLE VOTRE FRÈRE ?—sœur—oncle—tante—cet enfant—ce garçon—ce pauvre garçon—cette fille—votre cheval ?
Mon frère s'appelle Georges—Charles—Jean.
5. LA CHAMBRE. LA CHAMBRE À COUCHER.
LA CUISINE. LE SALON.
Où est ma mère ?
Elle est dans la cuisine—sa chambre, &c.
1. Shut the door—window.
2. Open the door—window.
3. Shut the drawer. Open the drawer.
Where did you put my pencil ?—find ?
I put it in the drawer—found.
4. What is the name of your brother ?—sister—uncle— aunt —this child—this boy—this poor boy—this girl—your horse ?
My brother's name is George—Charles—John.
5. The room. The bed-room.
The kitchen. The parlor.
Where is my mother ?
She is in the kitchen—her room, &c.



NURSERY HELPS AND NOVELTIES.

Readers of BABYHOOD are especially urged to contribute to this department descriptions of any nursery articles, not generally known, which may have proved serviceable to them.

What May be Done with Building Blocks.

THERE are two things at our house that are considered indispensable, and have proven such treasures that I would like to have all the BABYHOOD mothers know about them. One of them, however, the sand pile, has already been introduced, so that I only need to heartily indorse all that has been said regarding its usefulness. But for this year its usefulness has gone by. It is a frozen, uninviting mass covered by the snow.

What now? "Blocks," is the prompt answer at our house. Such a comfort as they have been! However, there are blocks and blocks. I must tell you about ours. I do not know whether a similar set can be purchased ready-made or not. I am quite sure they cannot be bought as cheaply as these were procured, the sawing and finishing having been done by the papa who lives at our house and who is very handy with tools. I hope the majority of the BABYHOOD papas are similarly gifted, but if they are not there are plenty of people who are, and doubtless the work he did could be done as well at the planing mill where the strips for the blocks are procured.

In this case the following pieces were ordered and cost but a trifling sum:

One piece 2 inches square, 2 feet long.
 " 2 " round, 2 " "
 " 1 inch square, 2½ " "
 " " round, 2½ " "

The first two of these four pieces were each sawed into eight blocks, four of which were 2 inches long and four of which were 4 inches long. These were cubes, parallelopipeds, and cylinders of different lengths. The last two pieces were each sawed into blocks 1, 2 and 4 inches long, four of each, making in all twenty-four of the same shapes as the preceding ones, but of different size. This made a set of forty blocks, but of course this number may be varied by ordering different lengths than those given here. Forty is none too many blocks, especially if there is more than one child—and I hope there is—to play with them. Even if gifts of other smaller sets of blocks

are received there need be no regretting that something else had not been chosen, for they will all work in nicely.

The wood selected for these blocks may be pine, which, after sawing, will only require sand-papering, or it may be any preferred hard wood and be filled and oiled as artistically as one wishes. Their cheapness brings them within the reach of almost any family, and I know of nothing for little girls and boys alike that will afford for the same expenditure anything like the same amount of pleasant occupation. A child of a year and a half is not too young to enjoy them, though he will use them more as he grows older. The eldest at our house began at that age to use them and he has played with them with seemingly increasing pleasure for three years.

The variety in shape and size is one of the most valuable properties of these blocks. Their adaptability makes many other toys superfluous. Master Allen was observed to take so much pleasure in making block trains that a real iron train, with engine, tender and passenger car was given him at Christmas. It has afforded him some pleasure, but it is not perfect in his eyes. There is no real fire or steam, and its whistle doesn't "toot." It is often left in repose while the block trains go puffing along over the carpet. These, being the product of the child's own mind and hand, have all deficiencies supplied by vivid imagination. They lack nothing.

This illustrates Frobel's saying, the purport of which is: "Is it better to give a child blocks with which to build a house for himself than to build him a house." Only in this case it happens to be trains instead of houses.

Allen's three-year-old sister has not quite such a passion for trains, so while his trains are side-tracking and switching and going through all the operations he has witnessed at the depot, she, with the smaller blocks, builds block houses, furnished with block furniture, and inhabited by block papas and mammas, and children who go back and forth and carry on interesting conversations, valuable alike in amusing the child and in furnishing for

the real papa and mamma a sort of mirror, in which Burns's

"O wad some power the giftie gie us,
To see oursels as others see us!"

is realized.

Again, she builds for the pleasure of building, and shows surprising touches of artistic sense and skill (at least so it seems to her mamma). That these are not accidental is shown by the care with which she arranges and rearranges the blocks, and her satisfaction when the form pleases her.

After a visit to grandpa's farm the boy and girl together are busy fencing pastures for block stock and making pens for block pigs. Sometimes after an experience of a different nature bottles of medicine are evolved from the long cylinder blocks with smaller blocks for corks, and bitter doses are administered. Sometimes paper bags from the kitchen are filled, and these same blocks that have been men and babies, pigs and cars, boards and bottles, are eggs or crackers, or even meat, and are sold for block money. In fact they form so many necessary articles that we would not like to keep house without them.

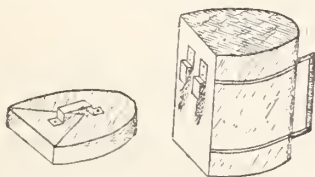
"But," some mothers say, "they make such a litter." That's true, but we think litter is to be preferred to some other things, such for instance as restless, unoccupied children, and we are sure there is nothing in our house so valuable in preventing restlessness, now that they must of necessity spend much of their time indoors.

Reedsburg, Wis.

H. E. W.

Heating-Can.

THE inclosed illustration shows one of the most convenient contrivances for the nursery for heating water I ever saw. It hangs on the front of the grate by hooks, and the water heats in a few minutes and can be kept hot all day or night by setting the can on the fender.



The cans are made only in one size, I think, and hold about half a gallon. They can be had in tin for 50 cents, or copper for \$1.50.

They will be found useful by every mother or nurse who knows how necessary it is to always have hot water on hand with young children.

Louisville, Ky.

Y. E. A.

Baskets to Carry Babies in.

THE latest thing in wicker is baskets for carrying a tiny baby about a house. They are large and ornamental, oval or oblong baskets, with a handle across the middle, softly padded around the sides and bottom, lined with silk, and having a deep lace-covered silk flounce at the edge. The handles are wound with ribbon, finished by a bow at the top of the arch. A tiny pillow covered to match the other trimmings fills one end of the basket. Many persons might think it easier to carry a little baby in the arms; but it is not *new* to do so.

Baskets for Other Uses.

WE believe we have already mentioned the hamper baskets which take the place of a baby's trunk. There come now baskets on a similar principle but of different shape, taking less floor space than the hampers. These are sometimes round and sometimes square, and stand between 3 and 4 feet from the floor, having a tray at the top trimmed and fitted after the manner of a baby basket, which, being lifted from its place, leaves a most convenient receptacle for soiled frocks or other articles to be quickly, though temporarily disposed of, or for the storing of clean napkins, which take up so much drawer-room.

Dressing Cases.

VERY elegant dressing cases are made for infants—chiefly, it is suspected, for first babies, upon whose supposed necessities fond friends shower every desirable and undesirable gift. A 15 or 18 inch square of very flexible material, which will roll without breaking, is covered on the outside with delicate colored India or surah silk. On the inside the lining is white India silk, slightly frilled on the edges, and gathered in the center like a rosette; the rosette being wide enough to again gather at the edge, forming a pocket for the powder-puff. At one of the four corners a strap of silk holds the brush in place; at another a pocket holds pins, safety and otherwise; the third corner has an oiled silk-lined pocket for tiny sponges, and the fourth a strap for a comb. At the points are dainty ribbons to tie after the case is rolled together. In the shops the case is as pretty as possible, and it may perhaps be useful in a few instances. Perhaps in less delicate materials it might really be of general service, especially when traveling.

Bathing Basins.

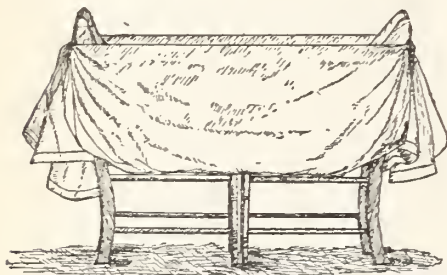
AMONG nursery conveniences are basins, oval or oblong in shape, large enough to give

a little baby a bath in, made of *papier maché*, commonly called paper. As they are much lighter than china, and cannot be broken in ordinary usage, they are really valuable, and as the cost is moderate (in the neighborhood of \$2), it is probable that they will become very popular. Small-sized basins, with a middle division for soap and sponges, of the same material, are also much in request.

The Maxwell Impromptu Baby Crib.

THIS crib is convenient to use, at the birth of a baby, if there is no other in the house, and can be used until Baby is four months old.

Put two chairs together as illustrated, take a sheet lengthwise and put over the chairs, hanging over the back; then put a pillow on the seats of the chairs, on the sheet, as a foundation for the bed. To make the sides of the bed, take up the



selvage of the sheet on each side, at the ends, and, pulling them tight at the sides toward you, pin them behind the chairs on the sheet that hangs over the backs. It can then be pinned wherever necessary to make it firm. After covering the pillow with a blanket, and with something

soft for the little head, and putting a hot water bag in it for warmth, it is ready for the little stranger.

Portland, Oregon. CATHRINE MAXWELL.

Baby's Announcement Cards.

IT is quite common now to have cards printed in tiny form, announcing the birth of infants, and giving thereon the name of the new arrival, and weight and day of birth. We have recently received cards from a mother having "two of 'em," and the cards of each are so neat and unique, that we are led to reproduce them here for the suggestions they may convey to other mothers who are anxious to send out something different from the commonplace.

Elyde Wady.

"Fresh from the Land of the Blue and Gold."

ARRIVED MAY 8, 1889, 1.30 A.M.

No. 1 is that of a boy baby, and is printed in gold on a light-blue paper.

"BECAUSE WE LOVE PANSIES."

PANSY EULALIA WADY.

AUGUST 22, 1890,
FRIDAY MORNING, 8.40 O'CLOCK.

WEIGHT :
TEN AND ONE-HALF POUNDS.

No. 2 is the card of a girl, and is on white board.

TWINS.

BY LUCY WHITE PALMER.

"TWINS!" exclaims a gentleman who has the honor of an intimate acquaintance with one pair of twins. "There is nothing to write about them! The whole subject is exhausted in the conundrum, '*What makes more noise than a pig under a gate?*' Answer: '*Two pigs under a gate.*'" With this oracular utterance he calmly dismissed the subject. But the mother or nurse of twins will not find herself so easily satisfied.

In the implication that a pair of twins is practically one baby, only rather more so, and that wisdom gained by experience with a single baby is

equally applicable to the double blessing, there is a large proportion of truth. But there is also some error, or, perhaps more accurately, a failure to state the whole truth. Many a driver who enjoys handling the reins over the back of one horse, would be a little awed to have a mettlesome pair given into his charge, and perhaps there are some mothers who feel like saying, with a little boy to whom twin sisters recently came: "Yes, I love them, but—they make an awful lot to pray for!"

It will be better for me to say what I have to

say on this subject in the honest first person, for it is only because I am having some practical experience of twins that I am disposed to say anything about them. Far be it from me to promulgate baseless theories on this, of all subjects! What wisdom I have—it may seem foolishness to some—is that of experience, not theory. For one mother to offer advice to other mothers on any point almost seems impertinent and foolish; circumstances so largely alter cases. Every mother must work out her own perplexing problems, and the salvation of her children, oftentimes with fear and trembling. Yet a traveler in a forest to him unknown and intricate must feel a sense of relief and pleasure at seeing the pioneer's blaze on this tree and on that. The forest is not entirely trackless, after all; he can get somewhere, if he keeps on trying; other men have. With renewed courage and a sense of companionship he labors on. So, with the hope of helping some mother who has only just begun on her career with twins, I record a few thoughts gathered from my own experience and observation.

The comments made by two friends when they heard of the arrival of our babies indicate two different opinions concerning twins, each commonly held. One wrote: "I earnestly pray that you may have fortitude to bear up under this mysterious dispensation of Providence." The other said: "Twins! Oh, what fun! You'll find they won't be a bit more trouble than one baby."

Each of these opinions is an extreme. The mean is the working truth. We have not found that it takes any heroic fortitude to bear up under the dispensation of two rollicking, happy babies, filling the house with a merry commotion, and our hearts with ever-increasing gratitude. On the other hand, certainly we cannot say that two live babies are "no more trouble than one." I will concede that they are not as much more trouble as one might anticipate; that two babies reared at once do not aggregate as much trouble as the two reared one at a time; that one speedily gets used to the double care, and would feel almost lost without it. Doubtless, also, two healthy babies are no more trouble than one sickly one, if they are as much. But given average babies and an average mother, let her not start out feeling that she has nothing but "fun" on her hands. There are two babies to bathe, two to dress, two to feed, two to wash for, two to sew for, two to buy for.

Why should not this call for a greater expendi-

ture of time and strength and money than to do all this for one? She needs to recognize from the first that it will, and to plan accordingly.

One little boy, himself the regnant baby until the twins came, said, as he looked at one small bundle, "Baby!" Then, turning suddenly, and finding himself confronted by a duplicate bundle, he added in perplexed bewilderment, "*More* baby!" So it will be often with the mother. "Baby" is a soluble problem, but "more baby" introduces a complication. It is desirable to bring a baby up "according to rule," but it is much more difficult to apply rules to two babies than to one.

Some of our pet theories will inevitably be smashed before the twins are through with them. But if we cannot always do the ideal best, we must be comforted in doing the best we can. Let us cling to our rules, but let the rules be elastic, susceptible of accommodation to emergencies. A cast-iron creed is worse in infantology than in theology. By holding fast to a few great principles, but applying them with sanctified common sense and a generous liberality of interpretation, we shall not find our double problem insoluble.

It will be observed, moreover, that I did not say, "Two to amuse, two to rock to sleep." One healthy baby needs but little amusement, beyond some liberty to make his own; two babies are perfectly competent to make amusement for themselves and all the rest of the family. If they are allowed to do it, they will get so healthily tired that they will find their cribs welcome and no rocking needed. In this process they will often justify Mark Twain's statement, "Twins are a riot."

Never mind, dear mother! Refrain when you can from *dont's*. I know they must be used sometimes, but be frugal in that respect. The madly rushing little mountain brook is a riot, but it is a sweet, pure one, offending no reasonable person by its noisy babble. By and by it sobers down, and does a work in the world. It is better all along than the stagnant, slimy pool, for all its peace and quiet. Smile on your riot, provide for it a legitimate outlet, and fear it not. Determine that nothing less than great things shall spoil your peace. You learned long ago that a baby's crying is not a great thing. Do not take too long to learn the same of two babies' crying.

"What do you do if *they both cry at once*?"

How often has that question been asked me, in awe-struck tones which seemed to express a whole row of exclamation points at the bare pos-

sibility. I have seen the disappointment which is produced by a felt bathos, in these good friends' faces as they noted the unfeigned serenity of my answer: "I stop them as soon as I can and I let them cry until I can."

I am sorry to be disappointing, and I will openly confess that my serenity is not of the immovable type. It would be disturbed if the twins should have the scarlet fever or the small-pox at once. But at the risk of seeming hard-hearted, I cannot be alarmed if they cry at once. They sometimes do.

But really to enjoy her "riot," and serenely to guide it through its various stages of development, will take much of the mother's strength and nerve. Every mother needs to make it her constant study to preserve these during the exacting days of her children's infancy, that later years may not find her bankrupt of these precious treasures, when her children need them most. This duty is especially laid upon the mother of twins, whose strength is doubly taxed. She should seize on every opportunity of getting a little rest, and change for mind and body. Much of luxury and even of apparent necessity should be foregone, rather than that she should not have competent help in the nursery.

On this point I would say, in passing, that personally I much prefer "lady help" (hired under the title of "mother's assistant") to that of lower grade, in nursery work. The mother should go off once in a while for a vacation, which means without the children. You cannot? Sometimes you cannot; oftener you can, if you only think so. How would they manage without you in the home, if the constant drain on your physical and mental strength should land you upon a sick bed, or in a further home still? You cannot give, give, give, and never take in. So take care of your nerves, for the twins' sake. It is not selfish thus to think of self. You can serve them in no way more truly.

The mothers are very few who can undergo the physical strain of nursing two babies at once, and doing everything else which falls to the lot of the average mother. In most cases, too, the children would not long be sufficiently nourished. So it usually comes about that with twins the mother has to consider the question of feeding, when otherwise it might not present itself. To such the bottle is a trusty friend, and if one baby is put on to bottle diet, it is only fair play that both should be, unless one is sickly, and has a special claim on the mother's milk. Of course such questions

must be decided by each mother, with the help of her physician. As to what food the bottles shall hold, advice on that point abounds, and need not be repeated here. In any case, experience teaches wisdom and points a moral. It is, of course, desirable to have the same mixture agree with both babies. Usually one can be found that will. Still, it must never be forgotten that twins are two individuals, not halves of one whole.

This would seem to be a simple proposition, and a most patent fact, yet it is an idea that many people apparently are unable to grasp.

"Cle' doesn't call dat *baby*—Cle' calls dat *quin*," remonstrated my little boy, when some one inquired for "the baby." He voiced what seems to be a popular notion, that a twin is something more or less than a baby, pure and simple. The greatest surprise is often expressed by callers who find one baby waking while the other sleeps, one crying while the other laughs.

"Why, I supposed they always did the same things at the same time!"

Ah, no! Each is an entity in itself, with a right to have its own individuality respected, its special needs discovered and met. There is, indeed, usually a peculiar and beautiful bond between twins. It would be strange if they were not always intimate with a special sympathy, and this may well be encouraged. But the parents should not try to make one child out of two. Even in the minor matter of dress, though it looks very pretty to see two tiny dots dressed alike, it is a question whether it always will be advisable to have them exact copies of each other. To go around the world as the duplicate of some one else, can hardly conduce to one's self-respect or independence of character.

But while all natural differences should be freely allowed, the mother will never know a shade of difference in her love for the two. No greater calamity can befall a child than to feel that he is not his mother's favorite, except to feel that he is her favorite. Every thought of favoritism should be excluded in dealing with children, and, if possible, with special scrupulousness where twins are concerned. It is share and share alike in the parents' affections. Above all, do not be guilty of holding one up as a standard of excellence for the other. To tell Molly that you wish she were as good a little girl as Polly, may be a very natural impulse, when Polly is very, very good, and Molly is bad to the point of horridness. Nevertheless, it is a natural impulse which, like many others, should be sternly resisted. It would

not seem necessary to point out so obvious an obligation as that of impartiality had not the question been asked of me many times: "Which do you love the best?" One woman even so far forgot herself as to say to the little brother: "Which little sister do you love best?" The loyal little man looked fondly at the babies, then gravely at his interrogator, and said, with dig-

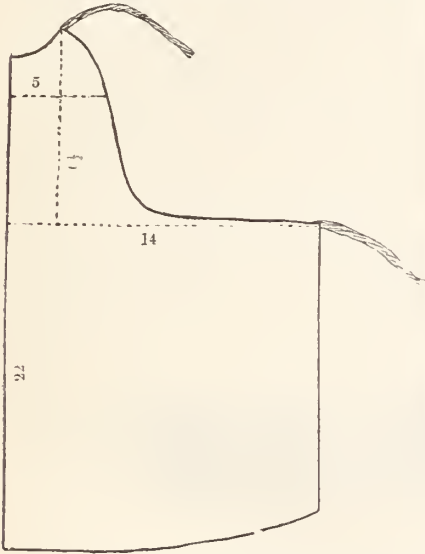
nified precision, "Cle' loves *one quinn an' nudder quinn!*"

One twin and the other twin—God bless them both, in every family where He has placed them! They bring care and cause perplexities, but they carry their own sunshine with them, a double portion. No Cornelia had ever more cause to rejoice in her jewels than has every mother of twins.

BABY'S WARDROBE.

An Apron that Boys Will Like.

THIS little eating and play apron may prove as great a help to some other mother as it has to me. I never liked regular aprons for boys, and they are almost sure to object to looking "like girls"



in them, so I invented this, only to find the pattern in the stores several months after, but perhaps some mothers have never seen them. The illustration with measures will explain itself.

Louisville, Ky.

A.

Are Moccasins Practical?

WHAT do the BABYHOOD mothers say about the use of moccasins? Has any one a pattern warranted to *stay on* without being tied cruelly tight?

Five years ago, when Mrs. Frémont's charming article about "Baby's Shoe" came out in *Wide Awake*, and started the fashion of moccasins, I

was delighted with the idea, and hunted through the quaint leather shops of Guadalajara to find a chamois skin. There was something refreshing in thinking of the beaded moccasin of some dusky baby on the shores of Gitche Gumu being reproduced in dainty needle work for our fair-haired little ones, and I copied the pattern with great care.

The result was very unsatisfactory, for the pretty shoes would not stay on fifteen minutes, they soiled very easily and were indescribable after washing. As my baby was nearly two years old I returned to the terrible "black shoe" with no evil results.

This year some especially dainty moccasins of two different patterns came for Baby Barbarita, and I was determined to use them. When they were finally fastened on her kicking feet, after she had kept up a lively fight of pulling one off as fast as the other was tied, we went out to make a call. After two blocks were passed, one moccasin was missing and I returned to hunt for it. A soft-voiced Mexican comes up and says, "What will you give me for this?" holding up the missing shoe, and I am glad to get it for a *medio*. Then I take Baby in her carriage with another new pair on and she soon wriggles down on her back, and waves her feet in the air. I keep a sharp lookout, and congratulate myself when I rescue one blue and white beauty from the gutter, and after tying it on we proceed. In a few moments a small boy, followed by numerous other boys, approaches and produces the other shoe which I have not yet missed. After various like performances I reach home weary.

Finally I think I have found a remedy, and we go forth triumphant, a tiny safety pin passing through both shoe and stocking being security against loss. A few vigorous kicks and both moccasins hang by their respective pins. I hastily pull them on, and this little operation is

repeated again and again. At last I let them hang, and every old *tortilla* woman or *dulce* man calls after me, "*La niña está perdiendo sus zapatos*" (The baby is losing her shoes), until Matilde, the nurse, wraps up the feet in her *rebozo*, and we go on in peace. In the house it is the same. From the *corral*, the *patio*, the kitchen and the school room the shoes are returned to me, and the baby crows in triumph and goes all the time in her stockings.

Moccasins may be hygienic but are not practical, for my babies at least.

SARA B. HOWLAND.

Guadalajara, Mexico.

Gertrude Short Clothes.

I AM surprised to see that so many mothers object to the Gertrude suit because they "cannot cut it down;" for the ease with which a long wardrobe of Gertrude patterns is shortened is one of its greatest recommendations, to my mind. The waist of the regular pattern is large enough for the first short clothes of the average baby. My little girl a year old is still wearing hers; and she is a plump baby, weighing 23 pounds. For the mother who has a "bouncing boy" baby, a few feather-stitched tucks laid in the front and back would insure a waist large enough for the most plump year-old baby.

Take the sleeveless flannel garment and measure from the neck down, about 10 inches front and back, and cut it off. Then you have a well-

fitting waist upon which to gather the skirt, which is made by cutting off about 11 inches from the bottom of the long skirt—more if you wish a tuck, and less if your baby is very short.

If your skirts were of the usual Gertrude length, there will be only a small strip of flannel left, which will be useful in many ways. The white skirt is made in the same way, and, if long, you can get three skirts out of two, using the strip left from one for a new waist, and from the other for the ruffle. The short skirts made in this way are exactly like those I bought at Jordan & Marsh's, except that the waist has fewer seams.

My baby still wears the inner garment as a night-gown, with new, large sleeves made from the roll of pieces left from the first cutting.

It is very desirable to use up the every-day flannel skirts after they have become thick from constant washing, and then if Baby's little sister comes she can have the fresh flannels so dainty for the layette of the new baby, while the *old* baby has his warm waist as a protection against the cold as he runs about.

Then one need not worry when Baby wears his "drawn mock" yoke, for his chest is well protected, and when a pair of flannel sleeves is added (from those waste pieces), it is all he needs for winter wear, unless in a very cold climate.

The short Gertrude would then be a woolen shirt, flannel skirt with sleeves, white skirt and dress.

H.



THE NURSE-MAID PROBLEM.

American Versus English Nursery Routine.

—Mrs. Troup's letter on English nursery routine was very interesting, but I do not see that there was anything "astounding" in the amount of work the nurses performed. In most American families where two nurses are kept they would be required to do quite as much, and in addition the under-nurse would probably do the baby's wash at least, and the head-nurse get up the fine flannels. They might have two evenings for themselves, but in many families the nurse has to do ironing in the evening, surely harder work than sewing. My

experience has been that American servants work harder than English ones, and there are generally fewer to do the same work, or even more, as the washing is, in most families, thrown in as an addition.

Let me describe the day's work of an American nurse-maid of my acquaintance in a family where but one other servant is kept, that of a professional man in good position, with a fair amount of going out and entertaining involved. There are three children, of six, four, and two-and-a-half. Alice, the nurse, is about twenty-five, a well-educated, well-bred young woman of English de-

scent from Nova Scotia. She has lived in her present place about two years.

6 A.M. Alice rises, dresses, and puts the whole lower floor, three sitting-rooms and hall, in perfect order, makes the dining-room fire, and cleans and fills all the lamps. Meanwhile the mother dresses the three children (without baths).

7 A.M. Alice brings up nursery breakfast, sets the table, and presides, taking special pains with the children's table manners. While they are eating (and she has taught even the baby to feed himself almost entirely and very nicely), she contrives to do most of the morning chamber-work, looking in and out to see that all goes smoothly at the table. After the mother, who also breakfasts at seven, comes upstairs, she goes down to her own, first finishing the chamber-work, if necessary.

8 A.M. The mother takes the children out, leaving the oldest boy at school and Alice goes to her morning work. On Monday, she does all the children's clothes, including shirts and collars for the older boy, Baby's white frocks, etc. Tuesday she irons, Wednesday finishes her ironing, and cleans all the three bath-rooms of the house. Thursday, she thoroughly sweeps, dusts and cleans three chambers; Friday, two others and the day-nursery; Saturday, cleans all the plate of the household. Her mistress, meanwhile, has brought the children in, gives the baby his bath, and puts him to bed, Alice bringing the hot water and other things required.

12 M. Alice eats her dinner, thoroughly tidies the day-nursery, dresses herself for the afternoon. She has a little time to herself till Baby wakes, when she dresses him and gives him his dinner in the nursery, the other children taking theirs at their mother's lunch at 12.30.

2 P.M. She takes all the children out, and after she comes back, or all the afternoon, if rainy, sits in the nursery with them and sews for them, accomplishing a very large amount, both of machine and hand sewing. Their clothes are all made at home, except overcoats for the oldest, and now and then a suit for him.

5 P.M. She brings up nursery tea, then while the children are with their parents, does all the evening chamber-work, then brings hot water, etc., and then puts the baby to bed. Meanwhile, the mother gives both older ones a bath, each having a tubbing and sponge-bath alternately. If she is out, Alice must do it all. While her mistress dresses and goes down to dinner, Alice stays up-stairs till the children are asleep, then goes down to her own tea in the kitchen.

After tea, she again thoroughly tidies the day-nursery, puts out every article the children are to put on the next morning in perfect order, lays the nursery fire, for which she has to bring all the wood, and then has her time till bedtime, unless she is behindhand in any of her work, when it must be made that night, as nothing is allowed to go over. She sleeps in the night-nursery with the baby and another child, and is required to go early to bed.

My friend, Alice's mistress, wishes me to say that she has never found the slightest difficulty in getting rather a superior sort of young woman to fill this place; sometimes, one educated for a teacher, with whom the children can be left alone

with confidence. Were she to give up the care of her children more, she would have a person of more knowledge and experience—but, then, she would have to pay higher wages.

Alice has \$3.50 a week—(\$182 = £37 a year). An experienced head nurse would expect (I speak of Boston and vicinity) from \$5 a week upward, but for such sums a French or German woman, with a good accent, would often be employed. The German nurse of a friend of mine, besides going through much the same routine of work as Mrs. Troup's, used to knit all the children's silk stockings while she walked out with them.

Alice has the whole of every other Thursday and every other Sunday afternoon. This is expected here when the work is so multifarious; but a regular nurse rarely expects a weekday outing except in the evenings. During her absence her mistress took care of the children, assisted by the cook. (Were it not apart from *BABYHOOD's* proper subject, I should try to astonish English servants with an account of all this young woman does.) Both servants were always ready to change their days out if their mistress had an engagement herself.

If "the suggestion of higher wages will not meet the question properly," what will? Servants' wages, like everything else, are a question of supply and demand. Under the prosperous conditions of American life the demand daily increases, while the supply by no means keeps pace with it. If the latter could be increased in any way, it would certainly be a good thing; but it will be long before such increase will bring wages down or even keep them down. The complaints of many of the ladies who write on this subject remind me of an acquaintance I met in a shop asking for fine pocket handkerchiefs. "How much are these?" she asked, turning them over. "Some are two dollars, and some three, ma'am." "Oh, these are all too coarse. I want them a great deal finer and they are too high. I don't want to pay more than seventy-five cents." The clerk bowed in silence.

I will not enter upon the vexed question of the mythical young woman who prefers to starve upon slop-work when she is perfectly well able to command high wages and a good place in a family. If she exists she must make her own choice. Neither will I touch on the subject of servant's behavior. I entirely agree with Mrs. Troup that the instincts of a gentlewoman in the mistress are what will settle that matter.—*D. P. V., Brookline, Mass.*

The Relative Positions of English and American Nurse-maids.

—Permit me to say a word in reply to the letter in "Notes from Foreign Nurseries." It is a fact that a hospital graduate in America receives her \$20 per week, where the English graduate receives but 20s. (\$5 per week), and the children's nurse accordingly; but it is also a stubborn fact that \$1 in America does not go one whit farther than does one shilling in England. Nay, the goods bought for one shilling in England wear longer than those bought for the dollar here. That is a statement easy to prove.

It is small wonder that in this country good nurse-maids are hard to get and harder to keep, since they are to all appearance veritable Ishmaels in the land. In England a nurse-maid is everything, in America nothing! The English nurse-maid certainly does have the welfare of her charges at heart, and accomplishes more work without grumbling than does the average American nurse-maid. One reason for that is, the English nurse is allowed to feel at "home" in her nurseries; she does know her place, and the mistress keeps hers. The English nurse-maid *does* know to rise with respect when her mistress favors the nursery with a visit; but that is probably twice daily, often less than that. Great confidence is placed in nurse-maids there, and the children are taught to respect her, and on no account would a child be allowed to strike a nurse and go unpunished by its parents.

I speak from experience as well as observation. Where there is one nurse-maid in England who has no evenings to herself there are nine who manage to make all their own plain clothes. And for a nurse in England to be seen with ragged hose would be to be stamped at once as "unqualified." Much more might be said on this subject, which I trust will be fully ventilated by American mothers in the columns of *BABYHOOD*.
—*An Experienced Nurse.*

Is it to be a Mothers' Trust?

—By all means let us have a "school to educate the higher classes to be ladies," if this will flood American nurseries with guardians like the priceless Miles, celebrated in the November *BABYHOOD* for 1890.

It is conceded by all who know the subject that the American woman is an adaptable creature, and even when *not* to the manner born, captivates the foreign gentry. Can she not hope to rise to the standard of the nursery maid? Why delay the millennium above indicated? And while we await this blessed consummation, may we ask for more light on the "training school for nurses" which has been mentioned so often in *BABYHOOD*? Will the rate of wages of its diplômées be within the reach of moderate incomes, or is it to be a luxury for millionaires, who can already command the best service in any country? This trained nurse will not expect to be general chambermaid and seamstress in addition to her other duties, as is required of her now in too many households; and if another maid is kept for this purpose, and in addition one must pay 20, perhaps 50 per cent. more than the present rate of wages, these nurses will be out of the reach of most of *BABYHOOD*'s patrons. "Whisper it not in Gath;" but, in spite of being an American, I, too, have a Miles! Far be it from me to imagine that this is a tribute to my own merit. The supply of trained servants in America is so unequal to the demand that all the initiated realize that it is a matter of luck whether one gets a phoenix or one of the offshoots of the nations of Europe. Of this, however, I am convinced: if all the mothers of each community would combine to exclude all servants, and especially all nurses, who could not obtain good recommendations from their LAST employer, it would go far toward bringing about the year of jubilee for that slave of slaves, the American housekeeper.—"Excelsior."

NURSERY PROBLEMS.

Is Normal Teething Painless?

To the Editor of *BABYHOOD*;

Apropos of Dr. Dorning's article on "Common Disorders of Teething-time Unrelated to Teething," in the October number of *BABYHOOD*, I would like to ask if we mothers are to infer that the teething of healthy children is without pain or discomfort? I am no believer in the theory that every derangement of the system during dentition is attributable to that as a cause; neither am I of the number whom the writer so sarcastically characterizes as "those

who have an unshaken faith in the occult influence of phylacteries and the different forms of witchcraft on the teething baby." But after an experience with three strong, healthy babies of my own, I cannot readily accept the theory that—as one physician expressed it—"dentition is as painless a process as the growing of the finger-nails."

My little six-year-old, just cutting the "seven-year molars," complains frequently of soreness and discomfort of the gums. Is it irrational to believe that a younger child, with less vigor for endurance, suffers equal discomfort in cutting the first teeth,

and that, using the only means of expression at his command, he becomes fretful and peevish, gradually developing more or less feverishness in consequence of the discomfort?

My youngest child, whose dentition has been very slow, cut her third incisor when she was fourteen months old. For weeks the tooth had seemed so near the surface that I expected every day to feel its edge. Then the gum became inflamed, the covering skin was hard and tightly drawn, the child fretful. On the fourth or fifth day I discovered a small gathering of pus at one corner of the uncut tooth. I sent for my physician, who lanced the gum, freeing the tooth and giving immediate relief to the child. Is such an experience unusual, and what is the probable cause of the pus? The child has no tendency to humor of any kind, and at the time was in her usual health. Could such a case be attributed to derangement of stomach or bowels, or was I right in considering it an incident of dentition?

I ask for information, and because I believe there are other mothers who would like BABYHOOD'S answer to the question, who are perfectly willing to discard the "traditions of the elders" as to the many dangers of teething time, but who are not ready to lay aside all sympathy for a teething baby.

Any one who remembers the soreness of gums and the positive pain often attendant upon the coming of wisdom teeth, has strong ground, it seems to me, for pitying a little child whose first teeth are pricking their tedious way through the gums.

Plymouth, Mass.

K. M. S.

Let us put it in another way. Not "that the teething of healthy children is without pain and discomfort," but that pain and discomfort—if unusually great—are at least presumptive evidence that the process of evolution of teeth is not going on in a normal or healthy way. This change is not a quibble, but a different point of view. For, first, the phrase, "a perfectly healthy child," has no meaning unless that judgment has been passed by a competent authority. We recall scores of children so described to us which were, to our mind, anything but healthy. If you have read BABYHOOD for any time you must have noted the great number of children who are described in the problem department as "the picture of health," as the introduction to the description of their many ailments. Further, in practice we have, not so very rarely either, been asked to admire as evidence of unusual health or strength what we considered marks of disease. What is generally meant by the phrase "perfectly healthy" is that the person described does not come, or at least comes rarely, under medical care. In adult life persons who attend without complaint to their daily avocation are considered "perfectly healthy," although one may have chronic constipation, another frequent headaches, or oft-repeated neuralgic affections, while another may have all the obscure manifestations of gout, but escape the typical swollen toe, and so on to the end of the chapter.

Now, the change of view regarding teething which has come to the great majority of physicians who especially study children's diseases is not that they do not think that the baby suffers or that they do not sympathize with its sufferings, but that they no longer think that this suffering is natural or normal. If the child suffers much from dentition, even locally, they think that the child was not entirely well, or the reaction of a physiological process would not be so severe. Very often indeed one skilled in children's ailments can point out where the deviation from health is, which probably underlies the troublesome dentition. We do not say that it "is as painless a process as the growing of the finger-nails," but many experts at least will be inclined to say that in health it ought to be. There is no manner of doubt that children's gums are often painful at dentition—we do not here discuss the remoter ailments often charged to dentition—but it is a matter of doubt if they ought to suffer to such a degree as to disturb sleep or to much inconvenience them. Take a case from your own letter. Your little one cuts its third incisor at the age of fourteen months, a delay so great as to of itself be sufficient cause for looking the child over carefully for a disordered condition of nutrition to account for it. Then an abscess forms in the gum. This shows very unusual irritation, and according to our present belief pus cannot form unless the necessary micro-organism has been introduced, in this case probably from without. The occurrence was "an incident" (or rather accident) "of dentition." It was probably not due to any temporary derangement of stomach and bowels, but rather primarily to that peculiarity of system which delayed dentition, and, as we said before, to the introduction of one or other of the pus-exciting organisms into the tissue, most likely from without through handling the gum or the chewing upon some substance, as teething children often do.

The change in view, we have said, leads not to doubt of the baby's suffering, but to giving greater attention to his condition—to the condition before and during teething with the view of preventing pain and illness. In the first volume of BABYHOOD we discussed this matter at length, and we may quote ourselves here.

"The question is at once asked: What does it matter to us in the nursery whether the many disorders attending teething are caused by it or not? Just this: If the parents believe that dentition causes all the ailments attributed to it, they are, as we daily see, prone to consider the ailments as nearly, if not quite, as much a matter of course as

the natural teething process, and they consider it useless to try to cure them until teething is complete. Moreover, by a sort of inverse reasoning, if any of the disorders which they are accustomed to regard as dependent upon dentition happen to exist, they infer that the child is teething, whether he be so or not. As a result of all these errors and confusions, it too frequently happens that disorders which might have been very tractable at the outset are allowed to progress unopposed until they reach a serious stage. If, on the contrary, we assume that teething is rarely the real cause of disease, the parent will seek some other reason for any disturbance of the system that may exist, and will endeavor to remove it, either with or without the aid of a physician. The difference of opinion is then not a simple dispute of terms, but one which has a real interest in the nursery."

The Diet of a Nursing Mother.

To the Editor of BABYHOOD:

What should a mother eat while nursing her baby, or what especial things should she avoid eating? I anticipate learning a great deal through the magazine.

W. M. G.

Santa Rosa, Cal.

No explicit directions can be given. There is a very general belief among mothers that their articles of food may affect the suckling's digestion. There is nothing improbable in this, since we know that some drugs taken by the mother can be recognized in the milk; and certainly in cow's milk the taste of certain things, the turnip, for instance, eaten by the cows is often recognized. In practice, however, women are not harmonious in their opinions as to the kinds of food which do affect the suckling, and some medical men are skeptical as to the whole matter. For ourselves, we think the truth is about as follows: Any good wholesome food, which the mother can ordinarily fully and easily digest, *i. e.*, without distress, acidity, flatulence or other evident disturbances, may be eaten, with perhaps the exception of such articles, chiefly vegetables, which contain a strong volatile oil or principle such as we can recognize by taste in cow's milk. Such are the cabbage, cauliflower, turnip, onion and garlic. Now, it is not entirely certain that even all of these need in every case be avoided, for they certainly form a considerable part of the diet of nursing women in some walks of life. Whether in those cases they do not usually affect the infant, or whether a certain amount of disturbance of the baby's digestion is in those rather unintelligent circles considered as normal or unavoidable, we do not certainly know. We should advise the use of other things in preference; and in case these vegetables are especially craved or are needed as laxatives, that they be taken cautiously and the effects noted. It would be a pity to avoid any food that is whole-

some to the mother if it is not really disturbing to the child.

We believe that all alcoholic beverages should be used sparingly and with great circumspection, unless ordered by a physician, in which case explicit directions as to dose and the period during which they should be used should be asked for.

An Unusual Digestion.

To the Editor of BABYHOOD:

My baby girl was one year old Thanksgiving Day. She is well and strong, and has taken clear milk, sterilized, since she was two months old, and it has agreed with her perfectly.

Now, my friends say something ought to be added to the milk diet to nourish and satisfy her sufficiently. If something more is needed I feel that I am coming to headquarters in asking you what it should be? She has her fourth tooth nearly through.

Haverhill, Mass.

AN OLD SUBSCRIBER.

It is very unusual for a child of two months to be able to digest pure cow's milk. It may be that the child has an unusual digestive power. If so, we can only guess at how much food she could stand. But, on the other hand, we do not believe that any child of one year, with but four teeth, really needs more nutriment than pure good cow's milk. It would be well enough, however, to add gruel—not porridge—of barley or oatmeal to the milk. After she has molar teeth she can venture upon porridge with her milk, or bread crusts buttered, to be eaten as she can chew them, not soaked in milk to be sucked down.

Late Teething.

To the Editor of BABYHOOD:

My baby of just sixteen months is a great success in every way. I follow BABYHOOD very closely.

I find no baby, however, who rivals him in this respect; he has but four teeth! Is he not very slow? My other children were also late, having none until eleven or twelve months old, otherwise healthy.

L. S. F.

His teething is certainly far behind the average. But we believe that family peculiarities, often hereditary, are very influential in determining the rapidity of teething, good health being assumed to exist in all the cases compared. The estimates regarding the date of teething are based on averages, individual cases varying widely.

The Probable Causes of Spasms.

To the Editor of BABYHOOD:

I have a little daughter nearly a year old whom I wish to present to the Problem department. She was nursed for four months and then had to have an addition of milk and oatmeal water in equal parts, fixed up, of course, with lime water, sugar of

milk and salt. The breast offered a constantly decreasing supply till at seven months it failed altogether, and about the same time it seemed necessary to substitute pure milk, except for the small quantity of lime water added, as any other dilution seemed to prevent its satisfying the child. Only by using undiluted milk could she make anywhere near the correct interval between feedings. We have superior herd's milk obtained from a conscientious milkman very close by, but it is rather above the average in richness. The warm weather brought a long-continued but not very severe bowel complaint, but with the cooler weather Miss Baby was very plump, healthy, possessed five teeth which came to celebrate the completion of her eighth month, went three hours between feedings, made good long nights, and had regular movements of the bowels of good character. Then began the trouble. She burned her finger just a little and went off into a spasm all of a sudden, after only an instant of holding her breath. We put her into hot water at once, but the spasm continued till the doctor applied chloroform. Since that she has had three others and numerous spells of holding her breath, when we were obliged to dash water in her face to prevent spasms. Any little hurt or disappointment is likely to become occasion for a "spell." After the spasms she is pretty sure to pass several very restless nights and fretful days, although we give her a sniff of chloroform and bring her out in very short time. Her bowels are still in excellent condition, and the only possible sign of trouble is a rather large abdomen and perhaps an excess of fat, though I don't think either is very marked. We know her to be "high-strung," and try to keep her quiet and out-of-doors much of the time. My physicians think it all due to the teething, but the spasms are certainly not in immediate connection with the appearance of a tooth, though two have arrived since the first spasm, and came very slowly.

I have been afraid her milk was not quite sufficient in bone-making elements, and am now putting in a little barley water. But I can't tell how the experiment works yet, as she had some days before begun to refuse more than half her usual quantity at a time and ask for it more frequently.

- (1) How serious are such little nervous spasms?
- (2) Would a fault in her food be likely to affect her thus without making other disturbances?

(3) Can you suggest a change of diet or any other way of relief? My physician is giving chamomella and belladonna, of course in homeopathic form.

Oberlin, O.

E. R. A.

(1) No one except a physician who observes the child carefully can say how serious are such spasms; because only by such observation can the distinction be made between the really dangerous, or at least serious, convulsions, and the "holding breath spells" due to anger which are seen in many children and which are not dangerous, and easily overcome by a dash of water or a slap, which causes a long inspiration and breaks the simulated "spasm."

(2) Faulty feeding often does, by begetting rickets, conduce to the production of spasms. Food is more often injurious through unsuitableness of quality than through insufficiency in quantity. We would urge you to submit to your physician the question whether the child was not

getting too much rather than too little nutritious food. In such a child the nervous irritability is easily excited and to such the usually normal condition of teething becomes very irritating.

(3) From what we have said you will see the need of going over, point by point, the whole matter with your physician.

The Abuse of Sugar.

To the Editor of BABYHOOD:

Should sugar be a constant ingredient in the simple food (bread and milk, rice and milk, etc.) given to a child under two years of age? One hears that too much of it causes digestive disturbances. Is it necessary for the child to have any? *E.*

Ithaca, N. Y.

In our opinion, after a child is old enough to eat rice or bread, sugar is not needed at all. If it can properly digest these articles of food it can, from their starchy constituents, manufacture enough sugar for its needs. We think it far better to teach the child to take its bread and milk or rice and milk with a proper seasoning of salt and without any sugar at all. To add sugar is only to tickle the palate at the risk of the digestion and general health.

A Surplus of Food.

To the Editor of BABYHOOD:

My baby boy is thirteen months old, has six teeth and has always been a bottle boy, taking peptonized milk six months, and since then Mellin's Food and milk. About a week ago he refused his Mellin's Food. Since then I have given him (besides his bottle of clear sterilized milk five times during the twenty-four hours, 3 pints of milk altogether) a breakfast of rolled oats and milk, a dinner of bread and milk, and occasionally a baked potato, and a supper of bread and milk. His bowels are in good order and he seems well now, although as a little baby he had a weak digestion.

(1) Am I giving him the right food for his age? If not please tell me what would be best for him.

(2) Ought I to give him clear cow's milk, and should the oats be strained?

(3) Does he need his bottle in the night? He screams and cries if I refuse to give it to him at midnight. Shall I take it from him regardless of his cries?

YOUNG MOTHER.

Rochester, N. Y.

(1 and 2) We are not sure just how much milk he gets altogether, except that it is 3 pints of undiluted milk plus milk with oats or bread at three meals. Again, we do not know just how much oats and bread are taken. But in any case he is taking a great deal of food for a child of thirteen months. To our mind potato for a child with six teeth is quite out of the question, and, although digestive power varies much with indi-

viduals, we think it is rarely advantageous till after all the teeth have come, that is to say, until some time during the third year. A child with six teeth, moreover, does not masticate in the proper sense of the word, and must digest starchy foods, such as the crumb of bread and oatmeal mush are, with difficulty. Our rule, therefore, is to give such children the oats in the form of strained gruel mixed with milk, so that not much starch is presented to the digestive organs at once, and in the matter of bread to give chiefly the crusts in which the starch has undergone most change in the process of baking. These can be chewed or, more properly, mumbled, and softened in the saliva, and the pieces which are broken off and swallowed are in much better condition to be digested than is a large piece of crumb sodden with milk.

Some children of his age do well with undiluted cow's milk; others do not. You mention nothing which shows any want of digestion of it.

(3) He does not need his bottle in the night, nor any food. He is old enough, and has for months been, to go without food from, say, ten P.M. to early morning. Ordinarily, the continuing of a bottle, as a means of feeding—this being only a substitute for the breast—after a child has begun to take solid food, seems incongruous. In the case of your child, perhaps, it may have this advantage, that as he is taking a large quantity of undiluted cow's milk, the bottle allows it to enter the stomach slowly, and therefore probably less tough curds are formed than would be if the milk were taken from a cup.

A Mother's Interest in Medical Papers.

To the Editor of BABYHOOD:

I have been a reader of your valuable book for six years. In fact, between the information gleaned from its pages and a successful use of Mellin's Food and skimmed milk, I have raised four perfectly healthy children. For that reason I have not had occasion to write and ask advice. But I would like a little information, which I am sure you, above all others, can be relied upon to supply.

I am much interested in Professor Koch's experiments with tuberculosis, which I have read of in the papers. Can you tell me of any medical paper or magazine that would keep one posted on that and other interesting discoveries?

Please answer through your columns and greatly oblige

Brooklyn, N. Y.

G. M. M.

The Medical Record (William Wood & Co.), both first-class weekly journals. You must remember that a medical journal is directed to a medical audience which is supposed to be able to sift evidence on professional matters. You will find all sorts of conflicting views, of course, and unless you feel yourself able to discriminate, it might confuse rather than enlighten you to read medical journals. We have ourselves spoken, in another place of this number, of Koch's discovery as fully as we feel that the data at hand will justify, and shall report on it as experience accumulates.

Condensed Replies to Various Letters.

Mrs. L.—Your "Questions for December Number" were received after that number had been printed. We must remind you again of the fact that monthly periodicals have to be prepared a considerable time in advance of their date in order that they may be received in proper time. The articles of food inquired about may perhaps do, but BABYHOOD prefers always simply to supplement the breast with some preparation of good cow's milk, and to continue the same, making the necessary changes in proportions, after weaning. The stoppage of the nose is doubtless due to some swelling of the mucous membrane dependent upon a catarrhal condition, in popular language a slight cold. During prolonged sleep the secretions collect on the membrane. This is more marked at night because, first, the sleep is more prolonged; and because, secondly, of the fact—well recognized but not so easily explained—that all catarrhal troubles seem more pronounced toward evening or at night.

Mrs. B., Louisiana.—We never answer by mail nursery problems addressed to BABYHOOD. This magazine endeavors to give good advice regarding hygiene and general information regarding children's diseases, but does not endeavor to treat cases, and cannot do so. The excess of phlegm—supposing that the baby has more than other babies—is due to a catarrhal condition of the mucous membrane of the upper air-passages, doubtless exaggerated by his "cold." We do not quite understand the inquiry about "the phlegm he came into the world with having continued in his system," unless you mean that he has more than a normal amount of mucus in the digestive canal (formerly called in the country "the system"). It is possible that such a catarrh of the digestive organs may exist. The symptoms you describe do not seem to us ground for especial anxiety. But a child who is subject to catarrhs, who has cold feet, suggesting a feeble circulation, whose head sweats and tosses about in sleep, should be carefully looked after as to his nutrition for the first year or two of his life. The details of this case must vary as symptoms arise, and cannot be given except by a physician who can see the child. We do not understand the phrase "to strain the kidneys."

The progress of all medical discoveries can be followed in any of the best medical journals. Among those published in this city are the *New York Medical Journal* (D. Appleton & Co.) and

Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

FEBRUARY, 1891.

No. 75.

D R. Koch's new treatment for tuberculous disease gives a new hope for many sufferers among children. Of the bone diseases dependent on the presence of the tubercle bacillus, hip disease and many forms of spinal disease are especially found in children. The deformity which results for life in many cases is caused by this active inflammation, and it is this which makes these diseases peculiarly sad. At several of the hospitals in New York injections of the lymph have been made on patients in the children's wards, and tuberculous bone disease is receiving a large share of attention. It will be several months before it can be positively stated whether or not the results are encouraging. Tuberculous disease in children presents a wide range of location. Almost every tissue and organ may be invaded by the bacillus; and at their period of life the disease is less likely to be confined to the lungs than in later life. A condition of general dissemination of tubercle (general tuberculosis) is not uncommon. It has been reported that a child at one of the hospitals, who had received an injection of the lymph, has since died. But it has been shown that the child was in the last stages of tubercular meningitis, and that the injection was given merely as a hope to prolong life, not for a cure, and that an improvement in the symptoms was observed after the treatment, so that the death could not be attributed in any way to the injection.

A Düsseldorf physician, writing in a German medical paper, condemns the practice of kissing children when one has a sore throat in terms which seem to testify to the prevalence in Germany of that particularly criminal form of thoughtlessness. He relates the case of a, let us hope fictitious, lady who,

while paying a visit at a friend's house, snatched her little child in her arms and kissed it tenderly; and then began to relate what a horribly inflamed throat she had, so that the day before she had to decline an invitation to the concert. She had no designs on the life of that child, and yet, the physician says, she killed him just as surely as though, instead of her tender kisses, she had given him strychnine or arsenic. "It is hard to determine," he goes on to say, "how great a part of the prevalence of that horrible disease, diphtheria, is to be attributed to such thoughtlessness; it is well-established, however, that adults have diphtheria in so mild a form often that it is regarded as only a simple cold, and, as a cold is not infectious, there is no idea that the breath may harm any one. Diphtheria, in the majority of cases, is communicated by direct contagion, and there is no surer way of communicating the disease than by kissing; and since kissing has become so much the custom on all occasions, it is certainly not surprising that this disease so easily becomes epidemic, although in this there is no wish to say that all cases of diphtheria originate thus. One thing should be remembered: It is sometimes a greater kindness to children to show them less tenderness in this respect."

A recent writer in the *British Medical Journal* makes a plea for the more careful physical examination of children described as "backward" and "stupid." He gives a prominent place to a slight deafness depending on the adenoid growths in the nasopharynx (but recently described in BABYHOOD) and on enlarged tonsils and obstructive nasal catarrh. He says the operative treatment for the relief of these conditions

frequently results in an immediate improvement in mental acuteness even vastly greater than the improvement in the sense of hearing. Without doubt such operations relieve congestions of the blood vessels within the cranium. This author adds, that the "stupid-looking, lazy child, who frequently suffers from headache at school, breathes through the mouth, snores and is restless at night, and wakes with a dry mouth, is well worthy of solicitous attention."

The Royal Commission to investigate the brain condition of school children reports in the *British Medical Journal* that "Besides imbeciles and idiots, there is an intermediate class of backward and feeble-minded children who require different treatment from that of ordinary children. They should be separated from ordinary scholars in public elementary schools in order that they may receive special instruction."

In a communication to the *Memorabilien*, Dr. Tassius of Berlin deprecates the custom of cutting the membrane beneath the tongue of infants in cases of so-called tongue-tie. He believes that the necessity of the operation is not commonly justified save in extreme cases, *i. e.*, in which a perceptible fissure is evident in the tongue-tip and where the membrane is abnormally large and tendinous. The doctor, according to the London *Lancet*, considers "that this tiny and admirably constructed organ is a correct regulator of the various movements of the tongue, and that if the same be too hastily interfered with, the more delicate movements may be forever destroyed—a momentous fact for those who are destined to become public singers." He cautions against early operation, save in special cases, as much improvement may occur from the advance in general development.

It is gratifying to know that arrangements have been made in this city for a permanent organization, planned somewhat after one that exists in Boston, for the purpose of securing playgrounds and playhouses for chil-

dren. As a result of the Boston society's work nineteen playgrounds have been established, some in school-yards, others in private lots. One large one, situated on the Charles River embankment, was granted by the Boston Park Commissioners. This playground contains an out-door gymnasium, tennis and croquet sets, marble and ball grounds. Moreover, in Boston, the children are not required to "keep off the grass" on the Common. The turf looks decidedly the worse for this freedom, but the children are by just so much the happier and better.

There are no greater sufferers for fresh air in this great country than the children of New York City. The density of the population—in some quarters the most crowded of any city in the world—leaves nothing but the streets and the gutters for the unfortunate children to play in. The school-houses also have very scanty yard-room, utterly insufficient for the throng of little people bounding from their cramped and crowded school-rooms at recess time. It is a matter of great congratulation that there is a prospect of a future for this city in which the rights of all its little ones to playgrounds for exercise and recreation will be fully recognized and satisfied. The names of the incorporators of the new society, which is to be known as the "New York Society for Parks and Playgrounds for Children," are an earnest of successful achievement. The first object will be to see that existing park grounds are set apart for healthful and appropriate sports of children. A second feature will be the renting of vacant lands for temporary playgrounds. In the lower part of the city, where land is pretty fully taken up, vacant lofts may be rented and playhouses established. Instructors are to be furnished to teach the science of play, for successful play must be intelligently directed as well as successful work. We do not doubt that benefit will follow the formation of these nurseries for play, where swings, sand heaps, etc., will be furnished, and opportunities for indulgence in games offered that are now impossible to a large proportion of our city poor.



CROUP AS A SYMPTOM IN DIFFERENT DISEASES.

BY WALTER LESTER CARR, M.D.,

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AS the word croup has been applied to various conditions, it is well to understand how different are the diseases that cause the obstruction to respiration and produce the symptom, croup. To some it expresses the suffering and exhaustion of diphtheria; to some, midnight attacks of hoarse breathing and brassy cough; while to others it means a convulsive attack, during which the child is unable to get his breath.

Many children are from birth nervous and easily excited. This tendency to nervousness may be an inheritance from father or mother. Others, however, are neither nervous nor are they liable to diseases of the brain unless they are weakened by depressing influences which interfere with their growth and retard development. From the moment of birth the nerve-centers of the baby begin to be active, and if the brain and nerves are weakened by poor food and bad hygiene, or are excited by over-stimulation, the infant, who is too young to govern himself, is liable to convulsions and spasms. Sometimes these convulsions are severe, and when the baby is irritable, as with the growth of the teeth, the tendency to nervous diseases is supposed to be greater than at any other period. The spasms in a mild form are the twitchings of the mouth and squinting of the eyes, observed when an infant whose nervous system is weakened is disturbed by indigestion or constipation. In a graver form, the spasms or convulsions are shown by contractions of the fingers and toes, blueness of the face and a loss of consciousness. They may be quite

frequent in infants whose temperament is such as that mentioned above, and whose natural weakness is aggravated by poor digestion. These are the babies who are liable to the spasmodic croup, or the *laryngismus stridulus*, as it is technically called.

The spasm of the vocal cords is just the same as the spasm of other muscles, except that when the vocal cords are closed by the attack air cannot enter the lungs, and there is danger of suffocation. Usually the obstructed breathing does not last more than a few moments, though it may recur quite frequently or be one phase of general convulsions. In nervous infants, it may be excited by changes in temperature, indigestion, temper or sudden fright. The onset is sudden, and the baby gets blue as with frantic efforts he tries to draw the air through the closed vocal cords. As they are contracted, there is produced a long-drawn sound, with which some mothers are familiar. Fortunately, such an attack is rare, except in these nervous disorders. The attack ends in a crying-spell, after which the baby will go to sleep.

If the croup is severe and the baby is blue, vomiting must be induced by putting the fingers well back in the throat, for immediate relief will be given by emptying the stomach. Ammonia held near the nostrils will arouse the infant and prevent the continuance of the spasm. A hot bath, with a rapid rubbing of the chest and neck, will have a good effect. The application of cold cloths around the throat produces relief in many cases. Any or all of these procedures can be carried out

without risk and, frequently, with great benefit.

A real spasm of the vocal cords is not common, and is observed oftener in infancy than at any other period. It must not be confounded with the trick older children have of holding their breath when angry or crying. A spoiled child will, in a fit of temper, suddenly stop breathing, get red in the face and cause great alarm by the appearance he presents. There is no danger at all that the child "will not get his breath again," and a mother who yields to every whim at such a time will learn that the attacks will increase in frequency as the desires of the misgoverned child are gratified. The treatment needed in these cases is discipline, and the mother must have her share of it.

In the intervals between the seizures of the nervous form of croup spasm, whether the periods be days or weeks, every care must be given to the infant's general condition and surroundings. If the infant is bottle-fed, the stomach and bowels must be watched to see that they are not the source of irritation. The baby must be kept in the open air and sunlight as much as possible. Twice a day the body must be sponged with tepid water and then with a little alcohol, after which the skin is to be well rubbed. This plan of treatment will, if properly attended to, be sufficient to prevent convulsions and other nervous disorders, as well as the spasmodic croup. Medicines are only to be given under the direction of a physician, and changes in diet must also be directed by him, as babies fed on condensed milk and patented foods are frequently weak and difficult to manage.

The night croup, or catarrhal croup, so often seen in families where the children are apparently strong and rugged, is from the time of its occurrence a source of alarm to parents and friends. To be awakened by a child who tosses about in bed, who has noisy breathing, and a croupy cough is good cause for anxiety. Such a child is one who is subject to slight colds in the head or throat, or has bronchitis. It may have been noticed that for a day or two he has had a little fever, which has been disregarded.

Usually the crowing breathing and croup at night are the first symptoms that attract attention. While there is not the convulsive tendency in this croup that there is in the spasmodic form, the restlessness of the child and the barking, brassy cough are as distressing to the parents as they are to the child. Although the stomach is not always deranged in this variety of croup, it is apt to be out of order. An emetic will clear the throat of mucus during the act of vomiting. The syrup of ipecac, is one of the safest drugs to use and is almost always at hand. The hot bath with mustard and rubbing will also aid in relieving the child. Attacks of catarrhal croup frequently occur for a number of nights, while during the day the child is not troubled, except with a cough.

False croup, as it is called to distinguish it from the diphtheritic variety, is a catarrhal trouble, and the care bestowed on the child must be such as to prevent him from getting cold. It is not necessary to have the body wrapped in wadding nor the room heated to ninety degrees with all fresh air excluded, but it is requisite that an even temperature be maintained with proper ventilation and an avoidance of draughts. The child's clothing should not be so thick and heavy that he is in a dripping perspiration, but the garments must protect from chill. The skin will need to be rubbed two or three times a day to increase the circulation and make the child better able to resist cold. The nursery must be kept well ventilated, and the sun allowed to enter without any interference from curtains or draperies, for the beneficial effects of sunlight in these cases are great. If the tonsils are enlarged it will be best to get directions from a physician as to the means of keeping them from swelling and causing the retention of mucus, for an unhealthy state of a child's throat is very often the cause of the lodgment of disease germs.

It must be remembered that a child cannot overcome the tendency to croup while he is allowed all the privileges of the table, by which his digestion is weakened and his health impaired. Indulgent parents who do not restrict the diet of their children have

to pay for their neglect by nights of vigil, as there is nothing that will add to the severity of an attack of croup so much as a deranged digestion.

Diphtheritic, membranous or true croup is the dreaded disease of which an early symptom, in common with the preceding forms, is the obstructed breathing. The disease is an infectious one, and is due to a germ which develops under certain conditions, such as bad drainage, dampness and a lowered vitality. The difficult breathing may give an unobservant mother the first evidence of diphtheria, but a watchful mother will have seen that for a few days past the child has been dull and heavy, with a disinclination to eat. A discharge from the nostrils may have been observed and slight fever detected.

The formation of a false membrane near the vocal cords prevents the entrance of air to the lungs. The obstruction is a mechanical one, from the filling of the windpipe by an inflammatory membrane. For this reason home treatment is not of much avail, and if

the mother has seen the whitish patches in the throat it is useless to attempt medication without a physician's directions. Every child should be taught to allow an examination of the throat, for in an illness it is often important that such examination be made. It is also of value to the mother, for she gains an idea of the appearance of the throat, and can more readily see if there is any indication of disease. In diphtheritic croup it may be impossible to do anything for a child who struggles against an examination.

Brief as are the descriptions of these three forms of croup, they show that the obstruction to breathing is only a symptom, and may mean either a nervous state, a catarrh or an infectious disease. Although the same medicinal treatment will not cure these varieties of croup, the same general management will do a great deal to prevent their occurrence. Attention to the diet, digestion, hygiene and surroundings of a child will guard against these diseases of which croup is such an alarming symptom.



THE CAUSES OF FOUL BREATH IN CHILDHOOD.

BY WILLIAM H. FLINT, M.D.,

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THE chief reasons why the breath of children should be made to keep the sweetness and the pure fragrance characteristic of healthy infancy are that a bad breath directly affects, in an injurious way, its unfortunate possessor, and that it is generally indicative of local ailments which, if unrelieved, will themselves work harm to the entire system.

Bad breath injures its possessor by poisoning the air he breathes, and by thus polluting,

at the fountain-head, one of the chief sources of full and vigorous health. It also prejudicially affects him, especially if not checked before adolescence, by acting as a barrier to his full enjoyment of intimate social intercourse. Not only do his young friends avoid coming into close proximity to him, but, eventually ascertaining the cause of their reluctance to approach him, he secludes himself, if of a sensitive nature, and yet morbidly broods over his partial isolation.

Another reason in favor of sweet breath in childhood is that a foul one brings discomfort and actual physical harm to the companions, relatives and attendants of the affected child.

In the interest, therefore, both of such children and of their associates, it is fitting that the attention of BABYHOOD'S readers be called to the causes which may engender foul breath, in order that these may be removed, either by domestic means of treatment, or, failing these, by the efforts of the family physician.

The most frequent cause of malodorous breath in childhood, as well as in adult life, is, doubtless, *disturbance of the digestive functions*. When all the different parts of the digestive apparatus are working naturally and harmoniously, their successful co-operation results in perfect digestion and absorption of the food, and especially in the discharge of certain poisonous gases from the blood through the intestinal mucous membrane. Decomposition of the food is, then, held within physiological bounds by nature's antiseptic fluids, and the refuse matter, not available for purposes of nutrition, is regularly removed from the body. The case is far different when the delicate machinery of the digestive organs is deranged, either by febrile states, by unsuitable foods, by over-eating, or by any other cause of indigestion and of constipation. Not only is the eliminative or depurative function of the intestinal mucous membrane then held in abeyance, the figurative intestinal clearing-house having temporarily suspended business, but the foods themselves, not being acted upon with sufficient rapidity by the digestive fluids and being retained for an unnaturally long time in the bowel, undergo abnormal fermentative changes. The products of these fermentations irritate the delicate mucous lining of the digestive tract, and, passing into the blood, interfere with the natural vital processes in all the tissues. The skin, the kidneys and the lungs, through which a certain amount of refuse matter is ordinarily discharged from the body, now redouble their activity, and the expired air, *i. e.*, the *breath*, is

laden with badly smelling, volatile principles. The tongue, being in close sympathy with the stomach, is more or less thickly coated with decomposing epithelium, which adds to the fetor of the breath; and the throat, being often irritated by the eructation of foul gases from the stomach, adds its share of decomposing epithelium to aggravate the existing malodorous character of the exhalations.

Attention is often called, by nurses and attendants, to the foul breath of children who are suffering from *intestinal worms*. The *rationale* of the production of this fetor is probably the same as that just given. The parasites disturb the digestive processes by their irritating action upon the intestinal walls. This irritation results in drying of the digestive juices (for the first effect of all irritants upon a mucous membrane is to check its secretion), stagnation of the intestinal contents ensues, and again the breath, assuming an eliminative function, discharges foul gases from the blood.

The breath of children suffering from *febrile affections* is often offensive, possessing a characteristic, nauseating, sweetish odor. In this case, again, we are confronted by the failure of the intestinal eliminative functions. In addition to this cause of fetor there is, however, in fevers, the presence of large amounts of effete material in the blood, resulting from the abnormally rapid destructive changes effected in the tissues by the febrile processes. This refuse matter is not removed with sufficient celerity by the bowels, which are, as a rule, constipated during fevers, by the urine, which is scanty, or by the perspiration, which is nearly suppressed, hence the only remaining avenue of escape for the poisonous *débris* is through the lungs. The *remedies for bad breath* due to the above-named causes suggest themselves, and may be epitomized in three words—diet, laxatives, antipyretics.

Whether the cause of the offensive breath be found in irregularities of the digestive organs or in a febrile state, the diet should consist of the simplest and the most easily digested foods. Constipation should be overcome by enemata or by gentle laxatives,

in order that all decomposing matter be promptly discharged from the bowels and that the eliminative function of these organs be restored.

Fevers should be dealt with by the family physician, who will be qualified to adapt his antipyretic remedies to each individual case, and who will relieve parents and nurses of the responsibility of deciding about the cause, the nature and the significance of the febrile symptoms.

Diseases of the Throat are probably the next most prolific source of foul breath in childhood, after digestive disorders, and the affections chiefly responsible for the bad odor are *tonsillitis*, *diphtheria* and *follicular pharyngitis*. *Follicular tonsillitis* is a comparatively superficial inflammation of the tonsils, which derives its name from the fact that the follicles, or mucous glands of the tonsils, are chiefly affected. This variety of tonsillitis is often loosely designated as "diphtheritic sore throat." The writer wishes, however, to record his emphatic disapproval of this use of that term, which is unscientific and misleading when applied to this disease. If there be no truly diphtheritic process in the throat, it is as unwise as it is erroneous to use the expression in question, because it excites unnecessary apprehensions and conveys the false impression that the disease is, in some way, related to diphtheria. The expression "diphtheritic sore throat" should, therefore, in the writer's opinion, be reserved for the cases in which a genuine diphtheritic membrane is deposited in the throat. The mucus is secreted with such rapidity and becomes so thick and tenacious, in follicular tonsillitis, that it gathers in the orifices of the mucous glands, presenting the familiar white spots so characteristic of this disease. Being retained in the follicles, the mucus undergoes decomposition and produces a putrescent odor. To this fetor is superadded that which is due to the fever generally accompanying follicular tonsillitis, and that originated by the decomposition of mucus in the mouth and pharynx.

Suppurative Tonsillitis, familiarly known as *Quinsy Sore Throat*, is a more severe and,

fortunately, a rarer form of tonsillar inflammation than that just described. Being essentially an abscess of the tonsil, it causes great pain, by forcibly distending the tonsillar tissues, by causing great difficulty in swallowing, and obstructing the throat. The bad odor of the breath in this case is chiefly due, at first, to the decomposition of mucus in the throat, and later, to the offensive pus discharged from the cavity of the abscess.

Chronic Enlargement of the Tonsils, which generally follows repeated attacks of acute tonsillitis, causes offensive breath in the same way as follicular tonsillitis, viz.: by the decomposition of mucus in the over-grown follicles of the gland.

Diphtheria of the Throat causes a peculiar fetor due to the putrefaction of the false membrane which is the essential anatomical feature of the disease. This membrane is, usually, first observed on the tonsils, but may appear first on any part of the faucial or of the pharyngeal mucous membrane, or may spread from the tonsils to the neighboring parts. This false membrane, having no independent source of blood supply, and being prevented, by the intervening inflammatory products, from obtaining nourishment from the underlying tissues, undergoes putrefaction, as must all animal and vegetable substances when exposed to air in the presence of heat and of moisture.

For the sake of completeness in classification, mention may here be made of *chronic follicular pharyngitis* as another cause of foul breath. This disease is, however, more especially observed in adolescence and in adult life, being familiarly known as "clergyman's sore throat." The anatomical condition characteristic of this ailment is the enlargement of the mucous glands of the back wall of the throat. The overgrown glands secrete an excess of mucus, which, adhering to the orifices of the glands and to the adjacent mucous membrane, impels the patient to cough or "hawk," in order to effect its expulsion. Undergoing a cheesy degenerative change, this mucus emits a peculiar fetid odor that is communicated to the breath. The throat diseases to which allusion has

been made are but little amenable to domestic treatment, and should be subjected to radical curative measures at the hands of the family medical adviser.

Next to digestive disturbances and diseases of the throat, *affections of the nose* numerically predominate among the causes of foul breath in children. These maladies are, however, comparatively rare in infancy and childhood, being chiefly developed in adult life. One variety of nasal disease must be made an exception to this rule, viz.: *nasal diphtheria*. This malady is generally developed secondarily to tonsillar and pharyngeal diphtheria. Its local manifestation consists in the deposition of a false membrane on the nasal mucous membrane, and this imparts to the breath the same disgusting fetor which accompanies diphtheria of the throat.

Ozaena is the technical generic name applied to all those affections of the nasal mucous membrane and of the underlying cartilaginous and bony structures which produce offensive discharges, and thus taint the breath. In the milder forms of ozaena there may be no ulceration of the mucous membrane, but merely an acrid, fetid discharge which excoriates the nostrils and pollutes the expired air. In more severe forms there may be ulceration of the mucous membrane and decay of the cartilaginous and bony framework of the nose.

A putrid discharge may also emanate from nasal polypi or may result from the irritation of foreign bodies, such as beans or buttons, inserted by children into their nasal cavities. In this case, the one-sided nature of the condition causing the ozaena is shown by the fact that the discharge comes from only one nostril. In all the above-named cases domestic medication is, again, unavailing, and the advice of a skilled physician should be quickly sought, in order that the severity of the disease may be mitigated, so far as possible, and in order that sound tissues may be preserved intact.

Certain unnatural conditions, and certain *diseases of the mouth*, cause foul breath in childhood. *Neglect of cleanliness* may result in the accumulation of food and of mucus in

the mouth, and decomposition of these matters furnishes the bad odor. If the neglect of cleanliness be very flagrant, the mucous membrane may become inflamed, the tongue coated and the gums swollen and bleeding. The character of the saliva is changed, and it is secreted in unnatural abundance, while in graver cases little ulcers may form on the gums and on other parts of the mucous membrane.

Infants often suffer from *thrush*, familiarly called *sprue*, and this disease sometimes occurs after infancy. The beginning of thrush is not to be distinguished from simple inflammation of the mucous membrane of the mouth, which, indeed, often furnishes the predisposing cause of the disease, while the exciting cause is a microscopic vegetable growth known as the *oidium albicans*. The first distinctive anatomical feature of thrush is the appearance of small transparent points upon the already inflamed mucous membrane. These spots may remain separate, but they usually coalesce, being at first very white, and later of a yellow color. They may be easily detached, but rapidly re-form. Simple inflammation of the mouth and sprue ordinarily yield promptly to strict cleanliness, the careful regulation of the diet, and to mild antiseptic washes applied after each nursing or feeding. The writer prefers to use a solution composed of borax, one drachm; glycerine, two drachms; and water, six drachms. This may be freely applied with a soft rag or a camels' hair brush, and it will do no harm if some of the liquid is swallowed.

Bad breath is further caused by *follicular inflammation of the mouth*. This affection corresponds anatomically to follicular tonsillitis and pharyngitis, and it causes an offensive breath in the same way as those disorders. It is recognized by the appearance, at points corresponding to the mucous follicles, on the lips, the cheeks, the tongue, the gums or the roof of the mouth, of little hard red prominences which enlarge, turn into small blisters and ulcerate, leaving a raw surface. The ulcers usually remain separate, but may run together, forming larger ulcers of varying shapes. This form of inflammation

often subsides spontaneously in a few days, under the use of the borax solution already mentioned, or, if protracted, is easily controlled by the physician's stronger antiseptics and astringents.

There is a form of inflammation of the mouth happily not often seen in this country, and then almost exclusively in very feeble children who have been deprived of the necessities of life. This disease is known as *cancrem* or *gangrene* of the mouth, and is characterized by the death and decomposition of a part of the buccal mucous membrane and of the underlying structures. The fetor, of course, comes from the dead tissue.

In former days fetid breath from inflammation of the gums due to the *excessive use of mercurials* was common, but it is very rare at the present time, and need never occur if due care is exercised in regulating the dosage of mercurial preparations.

Limitations of space leave the writer only the opportunity of mentioning, as additional causes of foul breath, *decay of the teeth and of food particles* retained and decomposing in hollow teeth or in interdental spaces. He cannot, however, too strongly insist upon the necessity of carefully cleaning the teeth, each day, not only in order to keep the breath sweet, but in order to prevent decay from at-

tacking the teeth themselves. When actual caries of the teeth has set in, the services of the dentist must be called into requisition. The other causes of foul breath are of much less importance, in early life, than those already described. For the sake of giving a slightly wider view of the subject, the writer will, however, briefly mention some of them.

Foul breath is sometimes caused by the *use of preparations of bismuth*. The odor imparted to the breath by these preparations is almost exactly like that of garlic, and it persists for hours or days after the remedy has been discontinued. This odor is attributed, by some observers, to the presence of a small quantity of cadmium in the bismuth preparations. No harm seems, thus far, to have resulted from the use of bismuth containing this impurity. *Sulphurous and arsenical preparations* may cause a similar fetid breath, which disappears, rather promptly, when the medicine is suspended.

Tuberculous and other ulcerative processes in the larynx, the organ of the voice, may cause bad breath, and the same is true of *tuberculosis of the lungs* when it has advanced to the formation of cavities.

There are, finally, some cases of obstinate bad breath for which no sufficient cause can be discovered.

A SHORT TALK ABOUT EARS.

BY W. K. BUTLER, M.D.,

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BABYHOOD has devoted more or less space during the past year to answering inquiries about ear diseases in children. A few words as to their causes and prevention may be of interest, especially at this season when such diseases are apt to be more troublesome than in summer. First, let us look a little at the shape and structure of the ear, which, for our convenience, we will divide into the external or visible part and the internal or invisible ear, the latter including the middle ear of anatomists.

External Ear.—Some one has said that its crumpled and crushed form was originally caused by the habit of lying on the side of the head, which habit resulted principally from the increasing weight of the brain; that it was a question of large brain, or perfect and symmetrical ears, which was promptly decided in favor of the former. Even if such were the case, we can still see much *design* in its crumpled appearance, for, when examined closely, we can see that all the grooves and indentations concentrate in one shell-

like concavity which opens directly into the canal of the ear, thus serving to direct the sound-waves through this canal to the true hearing apparatus which lies well protected within the bony structure of the head.

Although this external ear is so uniform in general appearance, there is, nevertheless,

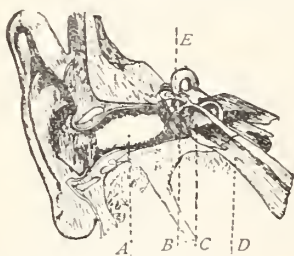


EXTERNAL EAR.

such variety in its shape that photographs of it have been suggested as a means of identification, the ear being less liable to changes than the face. Notice the difference in your children's ears with reference to size, prominenc and shape. The

popular belief as to the connection between the size of the ear and the character of the person has nothing to warrant it, nor has that other habit of piercing the ears for the benefit of the eyes. The diseases of this part of the auditory apparatus are few compared with those of the internal ear, being largely limited to the more common skin affections.

Internal Ear.—This is the part in which we are here especially interested as being the seat of most of the ear diseases of children. It lies well protected within the head, as shown in the accompanying cut.



A—Canal leading to middle ear.
B—Drum.
C—Middle ear.
D—Eustachian tube leading to throat.
E—Three small bones connecting with drum.

Here it is that we find the seat of those troublesome and offensive discharges and of the more frequent earache. Not only is it connected with the external ear by means of the vibrating drum, but, what is of equal importance, we find it connected by a small canal with the back of the throat, a most im-

portant provision for its ventilation and for maintaining a proper equilibrium on both sides of the vibrating drum.

Earache.—In children too young to express their feelings, it is often hard to determine just what is the cause of their trouble. Obstinate and long-continued crying, lasting for hours and sometimes for days, is usually due to hunger, thirst or earache—barring, of course, such mechanical causes as pins and uncomfortable dress—and when a child with good digestion ceases its crying on nursing only to commence again when the meal is finished, we may consider earache as a very probable cause of the trouble.

On general principles, we may say that earache is due to one of two causes: first, inflammation of the middle ear, which, unless relieved, causes violent, constant and increasing pain until it terminates in a discharge from the ear; or, secondly, the ache is reflex in its origin from some remote source of irritation, generally the teeth or enlarged tonsils, the influence of the latter being fully shown in an article in the February number of *BABYHOOD*, by Dr. Mills.

The former, unless properly treated from the beginning, is apt to lead to serious and permanent injury to the hearing. Parents are prone to think it is only an abscess in the head, which will soon relieve itself, and thus are dissuaded by popular fallacy from having it treated, and after it has become chronic and continued for several years, the popular belief that it is dangerous to check chronic discharges condemns the child to carry a burden offensive, in after years, both to itself and those with whom it associates, not to mention the greater inconvenience from impaired hearing.

The management of such cases should be intrusted only to a physician. And, in the meanwhile, the ear should be kept free from discharge by daily gentle syringing with warm water, in which a little borax (teaspoonful to pint) may be used.

Those earaches which are due to reflex irritation can only be permanently relieved by removing the cause, be it enlarged tonsils, decayed teeth or any other source of reflex

irritation. For temporary relief hot applications, gently syringing the ear with hot water, as hot as can comfortably be borne, or a few drops of chloroform on cotton inserted in the ear may be tried. Syringing with hot water can only be tried with tractable children, as they usually make serious objection to its use. There are numerous local applications which have been recommended, but many of them are objectionable or should not be used without the advice of a physician. The pain in these cases is usually severe at first, and paroxysmal in character, unlike the constantly increasing persistent pain of acute inflammation.

Foreign Bodies in the Ear.—Although the canal of the ear is much smaller and more difficult of entrance than the nose, children sometimes in their play push seeds or other bodies so far into it that they cannot remove them. In Austria it is not very uncommon for a garlic seed to be put into the ear for the relief of toothache. The pain from the former removes the attention from the latter, and, it being now impossible to get the seed out, the case is apt to turn up at the ear clinic for relief. Insects, also, not infrequently find their way into the ear. For the removal of all such bodies nothing is so safe and efficient as careful syringing. If not removed by this means, they should be allowed to remain until skilled help can be obtained, as otherwise more harm may be done in their removal than by allowing them to remain.

If the insect is alive, it may be killed by

filling the ear with olive oil, which is harmless, and then syringing with warm water, or sometimes it will voluntarily come out if attracted by a lighted candle held near the ear. The former method is much more efficient. Hair-pins were not made to be used on this part of the head, and ear scoops are worse than useless.

Catarrh of the Ear.—There is another disease of the middle ear which often results in serious loss of hearing, known as chronic catarrhal inflammation. It is the result of repeated congestion of the ear, and extension of inflammation from the throat through the eustachian tube. It results in thickening of the lining of the ear and stiffness of the joints between the little bones which prevents the proper transmission of sound. It has its cause in exposure to draughts, wet feet and all the other causes which lead to throat and nose troubles.

Its judicious treatment requires the greatest care. It is very common to think that a beginning deafness will only be temporary, and neglect it until radical changes have taken place, which baffle subsequent treatment. Such cases cannot receive too early attention.

Blows on the Ear.—Having learned something of the anatomy of the ear, it is easy to see how dangerous boxing the ears may be. The mere mention ought to be sufficient to prevent its occurrence. A sudden yielding to passion on the part of teacher or parent may thus cause permanent injury to the child, to be carried through life.

SPOILING A CHILD.

BY ROSE MAPES REILLY.

A FRIEND of mine, who is the joyful mother of three of the most amiable children I know, has clearly-defined ideas about the way in which the young should *not* be brought up, as well as about the best methods of educating them. She is one of those frank, warm-hearted, sweet-tempered, sympathetic persons who gain your esteem at the first acquaintance, who are sure to retain your affection, and who, if necessary, can

tell you your faults to your face without wounding your feelings or losing your good-will. Her name is not Mrs. Bright, but it might well be, and it will be for the purpose of this article.

She was at our house the other day and related an experience she had had the day before. She had gone to visit an old schoolmate of hers—we shall call her Mrs. Lantree—whom she had not seen for years, and who only lately came to reside in

our neighborhood. This lady has an only child, a little boy about three years old. Staying with her is her husband's mother, a good soul, who idolizes her own son and dotes on her grandchild.

While my friend was chatting with her former playmate about old times, and entertaining the elderly lady as best she could, the boy came into the parlor and showed his breeding by going at once to his mother to be presented to the visitor, with whom he shook hands, and then taking a low chair near one of the windows. Soon the restlessness of childhood took possession of him, and he began to make an irritating noise with his toy gun, snapping the trigger over and over again.

But here we withdraw and let Mrs. Bright herself tell the rest of the story.

"Freddie," said his mother, "please don't make that noise."

Master Fred kept quiet for ten seconds and then the "click!" of his gun began again.

"Freddie," repeated his mother, "please don't make that noise."

Another silence in Freddie's quarter for the half of a minute, and then the exasperating "click! click! click!" punctuated the conversation of his elders.

"Excuse me," said Mrs. Lantree, as she arose and went over to the window where the child was seated.

"Freddie," she said, "mamma told you twice to stop that noise, and you still keep making it, so I will have to take your gun away from you." Whereupon the little fellow threw himself on the floor, kicked and screamed, and cried, "I 'ant my dun."

I saw that Mrs. Lantree was mortified at Freddie's exhibition of temper, but I pretended not to notice it, and endeavored to talk with the grandmother. Still, I could not help hearing my friend say, "Stop screaming, Freddie, or mamma will have to punish you."

What was my indignation when the grandmother interfered between mother and child, and prevented the reduction of the little rebel to a proper condition of obedience. Going over to the scene of the trouble, she picked up the struggling boy, saying: "Come to grandma, darling; that's a dear love!"

The color on the cheeks of the young mother deepened at this further defiance of her maternal authority in the presence of a stranger, and by one who, for every reason, should have upheld

her right to be obeyed, and should have been considerate of her feelings.

I felt wronged myself by the wrong that was done to motherhood by this interference on the part of the elder Mrs. Lantree, and possibly my face betrayed the righteous wrath that was boiling and bubbling within me. But the grandmother was as serene as a summer's day. She had carried the youngster, still crying for his "dun," to her ample chair, and now was calling him pet names and promising to buy him his favorite fruits when next she should go out, stroking his hair meanwhile, and kissing him repeatedly. She did not perceive that she was training him to disobedience. She did not see that she was encouraging him to defy the parental rule. It never crossed her mind that she was strengthening his self-will and leading him to be obstinate, headstrong and rebellious. Her selfish, doting and injurious fondness for the child was so overpowering that it carried away the sense of the injustice she was doing to the mother, by assisting to break down the latter's influence with her son, and by teaching him to appeal from her decisions and to look upon her treatment of him as harsh.

The interrupted conversation was resumed, but the talk flowed less easily and there was a sense of oppression on my part, and, I thought, a feeling of constraint and distress on the part of the younger Mrs. Lantree.

The boy, meanwhile, ceased his cries and became pacified under the soothing endearments of his grandmother. Presently, he slipped down from her lap, and going over to a chiffonier that had on it some exquisite specimens of old pottery and other bric-à-brac, he began to toy with a silken scarf that hung from a corner of the cabinet. When he had nearly pulled over the precious collection, his mother said:

"Freddie, dear, go and sit in your little rocking chair."

Instead of obeying, the little fellow scampered back to his grandmother, who received him with open arms, called him "her own boy," and cuddled him in her lap.

The mother was annoyed and distressed at this further coöperation of the elderly lady in disregarding her maternal power—a coöperation that seemed to have become habitual and an example of disobedience that was fast changing the little lad from a dutiful child into that dreadful torment, an unruly boy. She said nothing, however, and, shortly afterwards, when Freddie had fallen

asleep, she, begging permission, left the room for a few moments to put him in his crib herself, being unwilling to disturb the servant, who was unwell.

When she was gone, the grandmother herself led the conversation to the subject of the rearing of children. That gave me the opportunity that I thought was providential to let her see herself as I saw her, in the act of encouraging disobedience. I asked her, when the moment was opportune, if any one had ever interfered between her and her children, when they were growing up.

"No," she replied, "we brought them up on a farm in middle Ohio. Our nearest neighbor was a mile away from us. Their grandparents on both sides were dead, their uncles and aunts rarely visited us, and my husband left the management of the household affairs, in which he included the care of the children, entirely to me. And I was strict with them, too, and made them all be industrious, self-denying and truthful."

I believed the dear old lady with facility when she claimed to have been strict with her own offspring, because I have often noticed that exacting fathers and mothers become the most indulgent of grandparents.

"What would you have done," I persisted, "if any one had come between you and one of your children?"

"I would have rebuked him to his face."

"But suppose the guilty one had been the child's grandmother?"

A suspicious light flashed in her eyes for a second. Then she exclaimed in haste: "Whether my mother or my husband's mother, no one should with impunity have set aside my authority over my child."

Saying first "those are my sentiments," in answer to her last remark, I turned her attention to two robins that were playing hide-and-seek with each other in the maple trees that stood before the door. I did not wish to be my sister's keeper to the extent of rebuking her for her conduct towards Freddie and his mother, nor did I intend to set up my conviction of what is expedient and just as a standard for her to go by. All I sought was to ascertain her ideas on the subject of parental rights, and, for the sake of her own peace of mind that would be lost if, in the coming years, she should be fated to awake to the awful truth that she had been instrumental in her grandson's ruin if he should grow up wayward; for the sake of my friend's gentle heart, that

evidently shrank from chiding her husband's mother or from complaining to him about her, and so precipitating a family jar; and for the sake of the boy himself—to consider whether or not her practice was square with her theory.

When I had accomplished my purpose, as I thought, I wished to divert her mind from the subject, but the light had been brighter than I had supposed, and she persisted in discussing the matter.

"You don't think that I did wrong in quieting Freddie?" she asked doubtfully.

Seeing that I was "in for it," thinking that frankness was the better part of discretion, and noting her effort to allay her own remorse of conscience by ascribing her interference to a good motive, I told her gently and briefly, but bravely and openly, that I thought she was spoiling the child. She took my chiding with cheerfulness, and her voice was low as she said: "My one thought has been that he should find one person who will always be kind to him." I said no more then, but I thought many thoughts before my call was at an end and I had said good-bye.

Thus far Mrs. Bright. And, indeed, she had reason to multiply thoughts on that foolish kindness, which, in order to be always apparent, lays up a store of suffering for the person beloved, develops bad traits of character, promotes selfishness, induces willfulness, leads to sullenness and brings about general discomfort. Besides, no one is, or ought to be, or can be, kinder to a child than his parents, if they are true to their trust. They love him more than they do themselves. They cherish him in his helpless infancy, they nourish him in childhood, they care for him in adolescence, they suffer with him in his sickness, they watch over him every step, they guard him from harm, and die daily with anxiety for his welfare until he is safely settled in life and prospering. Even when correcting him, they are kind to him, for their chastisements are lighter than the punishments of the world, and it is better for him to be set right when young than to grow up with his conscience untrained, his will not strengthened for good, his principles unsteady and his passions unchecked.

No one, we repeat, can be kinder to a child than a true parent, and the false kindness that makes the *enfant terrible* is a cruel kindness that produces evil effects which, generally, must be cruelly corrected. So that whoever spoils the young by indulgence, no matter what the motive, is an enemy and not a friend.



NURSERY METHODS IN VIENNA.

COMING again to Vienna this autumn, a period of five years having elapsed since my last visit, I found a near relative, who had married in the interim, as the proud mother of two little boys, the elder three years, the younger a twelvemonth old.

To give them the title "Helen's babies" was unavoidably suggested by her name; but my purpose here is not to make the vain attempt to record surprising adventures, such as befell those amusing children—they would, indeed, be too young for that—it is merely to give a sketch of the way they pass their little lives, a day's programme which may interest the mothers of BABYHOOD, and which as exactly resembles that of other children here as one nursery *régime* resembles another in New York or Boston.

To begin with, I must describe the "kinderzimmer," a spacious room with two windows overlooking a square court-yard, bounded on its four sides by the tall gray walls of high apartment houses. The room being in the fourth story—meaning in this case an altitude of one hundred and thirteen steps from the ground floor—possesses the advantage of a visit now and then from the sun, whose rays scarcely ever succeed in reaching the lower windows.

One side of the room is occupied by two "Gitterbetten" (rail-beds—cribs) of iron, painted white and daintily enameled. The railing consists of netted cord—like a fish-net—extending around the four sides of the bed, and held taut by corner posts and an iron rod at the top, which can be unhooked and let down on one side of the crib, so that it can more easily be made up and Baby placed therein.

These beds, their long sides to the wall, stand a little apart, and between them a child's washstand, also of white iron, with a little oval mirror on top. The second bed was but recently added, the baby up to that time having slept in his carriage, a roomy straw-basket on wheels, with curtains and trimmings of red cashmere, in which he had taken his airings in the early months of infancy, while still in his "pillow." A second wall is occupied by the sofa-bed—a large lounge

with a deep drawer underneath, in which the bed-clothes are kept by day, on which the "Kinds-frau" (nurse) sleeps. If the mother is herself the child's nurse, the maid brings the infant to her for nourishment in the night, the chill attendant on rising from a warm bed being considered injurious; and this is done even if the child sleeps in its mother's room.

A third wall, divided by the door that leads into the parents' room, has a tall porcelain stove in the corner and a large wardrobe (Vienna apartments boast no closets) which serves to hold the babies' clothes and linen, while finally the place between the windows is filled by the "Wickeltisch" (rolling table), a stand with a low guard at the top running around the sides and back, exactly like a flour board, whereon Baby is laid to be rolled up in his napkin, quilt and pillow during the first six months of his existence. This table still serves for the lesser one's night-toilet, while both Helen's babies are enthroned on it for their morning sponging. A bath is rarely of daily occurrence, too much work being entailed thereby; there is no hot running water, only one faucet for cold in the kitchen or, more inconvenient still, in the outer corridor, and no waste pipe for the used water save in the retiring closet. Above the "Wickeltisch" is a broad shelf on which the little ones' toys are kept, and in the center of the room a child's round table with four little chairs. The polished floor is nearly covered by a thick rug, but Baby, now an incredibly swift creeper, usually carries his plump body to the outer border of the cold floor, yet appears to suffer no evil consequences therefrom, though his chubby little limbs are not nearly so well protected as we would deem necessary. Of flannel he is altogether innocent; his feet are encased in thick cotton stockings to the knee, with sometimes no shoes at all, his body clothed in a short linen chemise, a cotton-flannel skirt open at the back, with waist-band, and shoulder cross-pieces, and a darkened crocheted worsted dress. The older child wears a high necked and long-sleeved chemise, muslin drawers, a little

skirt and waist, and a dark woolen or Jersey dress, very short, leaving the limbs exposed to the knee, these covered with woolen stockings and inordinately high shoes with little heels.

An American child in its quaint long dresses, reaching nearly to the ground, would appear among the short-skirted little ones here like a dainty Spanish *infanta* that stepped out from a pictured page to mingle with less poetic realities.

At ten o'clock the morning airing is undertaken. For this the babies are tucked into woolen leg-gings, warm cloaks and Tam o'Shanter caps with ear-flaps. The older one is led down the interminable stairs by the cook, the younger carried in the nurse's arms. Once below, the lesser one is seated in his carriage, which is stored below with the janitor—a little three-wheeled affair like a tiny arm-chair driven from behind, in which he looks very uncomfortable and insecure. Nevertheless, despite his sitting posture, he often falls asleep therein and returns with rosy cheeks and a robust appetite for his noonday meal of soup and chopped beef fried rare, shared by his older brother. Then comes the afternoon nap for both, another airing if the day be bright and the early evening has not yet set in; after this supper, two soft eggs for the older, a bowl of baby food for the younger, and then bed, for which the older is robed in a muslin night-gown with a tucked front exactly like a man's, and the younger is still rolled into his infant long skirt and tied up snugly in a quilt.

To me, the muslin night-robe seems very insufficient, although the coverlet is a feather bed, as the room grows very cold during the night, the fire in the stove never being kept up after the little ones are in bed. We put even our little girls into night-drawers which are so much securer a covering, while our rooms, especially in furnace-heated houses, never grow so cold as here, where large, draughty stone halls and chilly passage-

ways send currents of cold air into the meagerly heated dwellings.

It seems to be the most approved method here not to manufacture heat within and keep it rightly tempered by the admission of fresh air, but "to keep the cold out." Hence the double windows are guarded by heavy woolen curtains and thick lambrequins hooked across the window recesses, reaching to the floor and a little above the sill, which is further protected by a long hair-stuffed cushion tightly wedged between the outer and inner window. If it now be borne in mind that these windows open inward at the center, like doors, and that all the above-mentioned barricades must be moved out of the way ere one can be opened, it will be understood that the rooms are not too often aired, and that once in the morning seems quite enough for all reasonable demands.

It seems, then, a matter to excite no wonder that the babies one meets here have not quite the healthy look Americans are accustomed to. That they are not by any means so handsome either may be attributed to their tasteless garb, as even a baby's looks are improved by dress. The buxom "Bäuerin" (peasant), the usual Kindsfrau here, in her full short skirts, high boots and gay head dress with broad floating ribbons, quite puts into the shade the pale little charge in her arms, in its huge stifflly-wired and much befitted hat and long clumsy cloak. We look in vain for the rosy cherubic face in its close cap, nestling on the dainty pillow of the graceful little wicker carriage with its embroidered coverlet and lace-draped parasol.

Happy American baby, with no enforced military service in the future if a boy; no petty slavery, if a girl, to social laws, with the goal of marriage as the most desirable one to attain—the welcome letter of credit with which to enjoy social liberty!

Vienna, Austria.

A. F.

A RUSSIAN PRINCESS AS AN EDUCATOR.

IT would be hard to find a more charming guide for the young mother than the one which has been prepared for her by the Princess Ouroussov in her book on *Education from the Cradle* (London: George Bell). While it does not pretend to contain anything that is original, it nevertheless contains a great deal more wisdom than we are any of us in the habit of putting in practice.

Originally addressed to the masses of Russian mothers, who are plunged in a condition of great ignorance as regards the nurture of their children, it is written from a moral stand-point at once so high and so enlightened that there is no mother who will not rise from its perusal strengthened in her determination to give the best possible cultivation to the tender plants entrusted to her care.

A more fruitful reason than any other of wrong treatment of children lies in the fact that we look at matters from the point of view of our own interests and pleasure and not from those of the child. If we could form the habit, every time we talk to children, whether our own or those of others, of keeping in the background of our thoughts a consciousness of how we are affecting their plastic minds by what we say (instead of simply amusing ourselves and puzzling them by drawing out their half-formed, confused ideas), we should less often do them an injury than we do now. But this forgetfulness of self—the first requisite of all useful dealing with our inferiors—is something that we too seldom attain to. On this—and a kindred—head, the Princess Ouroussov says: “If we want to succeed, we must put aside every kind of personal desire or prejudice, and look at the question from the point of view of the absolute interest of the child. To wish to impose on a child one’s own tastes, occupations or ideas, is a puerile and selfish way of contemplating childhood, and sometimes leads to struggles which are dangerous to the character and surroundings. The first indispensable condition is to forget one’s self—the *ego*—with all its errors, prejudices and frequently unreasonable desires, and only to consider the undeniable good of the child. And from the beginning we shall see that we must ourselves practice self-renunciation to attain it.”

Another favorite hobby of the present reviewer—that children should be kept constantly interested in external objects and given as little as possible occasion to think about themselves—the author gives expression to in this way: “Generally speak-

ing, nothing is more disastrous than are remarks on ugliness, stupidity, beauty and intelligence. The only remarks allowable are those which concern the personal actions, and they should never be made about anything outside the province of the will, such as the appearance and the intellect. Such remarks lead to too much introspection, and make a merit or a crime of what is beyond the child’s control. We ought rather to occupy his mind with something which can take him out of himself. By observation, laudatory or the reverse, we develop presumption in some and morbid anxiety in others.”

Of good books for children—good, that is, in the highest sense of the word, fitted as well as we can possibly make them to developing firm characters and logical minds—the Princess Ouroussov rightly says that there is a lamentable dearth. “For little children I positively know nothing commendable,” she says, “but the first reading-book of Count Tolstói. The greatest writer in Russia has not disdained to write a series of little masterpieces which children of four can understand. . . . These stories combine all the qualities which I require for young children: the style is simple, clear, but perfect; the stories are taken from real life, with a conciseness and a truth which bring out the idea, always a just, noble and useful one; and the short fables and parables make goodness beloved by being interesting.”

The present translator, whose style is admirable, could do no better work than to translate this book of Count Tolstói’s.

C. L. F.



BABY'S MEMORY.

BY M. W. WRIGHT.

EVEN while young mothers are striving with all the strength and knowledge they have to bring up their darlings to a healthy and happy maturity, is it not possible that they may overlook an important element in their work? It is well to bathe and feed Baby with care and wisdom, to guard his sleeping hours, to study his clothing and to keep all malign influences away.

It is well, and so necessary that no thoughtful mother can neglect such care of her treasure's physical welfare. She will give him suitable toys and teach him to use them and to amuse himself. She watches sunshine and shade for his sweet sake, and she feels herself well spent in the service of that blossoming life.

Such a passion of love comes with those tender

innocents that we wonder any harm can come to them, at least while the mother is there to keep it away. But even mothers will sometimes forget, and all are not patient alike; and there are thorns even in the sweet rose babies, and briers pierce every foot. Then sometimes will come the hasty word, the unmeant threat, the angry scowl, sometimes the rough action. Then the mother has forgotten that important factor of Baby's mental constitution, that power in education—*memory*.

If we look back into our own memories do we not find there a world of things we should like to forget? Are we not forced in spite of ourselves to remember incidents, words, expressions of countenance, that for the sake of those dearly beloved we would give the world to forget? The happiest people on earth, and in some respects the wisest, the ancient Greeks, invented the myth of the river of forgetfulness. If they found that to forget was a need of the merry soul, how much more we who are not merry or wise?

But no Lethæan waters flow through our world; not Ganges or Euphrates, not Mississippi or Oregon can wash dark memory away while the mind retains its health. But it is left us to make memory not a pain but a blessing, and our first cares should be the clean fresh minds where memory's still folded pages are.

It is not possible to tell when memory absolutely begins. A writer in a recent London magazine declares that her own began at sixteen months. She also gives several instances, gathered from among her friends, of memory dating back to the twenty-seventh month. Stories of such extremely early memory are by no means uncommon, but they are chiefly related by imaginative persons, and are generally received with more or less incredulity. We find not a few such instances in literature, and romantic story tellers have related memories of things that happened before they were born! It is, perhaps, because of this prenatal faculty that the Father of his Country lingers so long in the memories of men.

It is very common to hear people relate memories of sights and incidents, but chiefly transitory sights, which came to them at three. So common is this that it may pretty definitely be settled that an impression made upon a mind of that age, or even a very few months younger, may remain there for a lifetime, perhaps for eternity. What a thought for mothers! They are not the great events that leave impress upon

these little minds, but the veriest trifles, as they seem to us—that flit before the young senses. Baby may regret during long succeeding years that he has no memory whatever of the sweet mother who blessed him in her dying arms when he was five, and may yet never forget the blue jar he saw on the mantelpiece in some strange house, where he was taken before he was three. He may never remember more of his dead father than one glimpse of his back as he stood at a window, yet remembers the instantaneous glimpse he had of a beggar child at a door months before.

One child rescued from a burning building kept no memory whatever of the tragedy by which he lost father and mother, though never forgetting the brown mug from which somebody, he was afterwards told his father, used to drink. A little girl born in a mining camp always remembered the first flower she ever saw, a rose in a florist's window, when she was scarcely three, yet could not remember her first railway train, or any other marvel of the great city where she saw the rose.

There was once a little girl, Eugenie Julian, who at eleven months of age remembered the different letters and so learned the whole alphabet before she was a year old. At three she read fluently, at five she repeated poems of several hundred lines after reading them once through. It is not surprising that at nine she died.

Memory being developed with the powers of observation, how essential then that observation shall lay hold of things worthy of memory's keeping. A good woman, a Christian and clean-minded, once made a coarse remark before her little daughter. Why it made an impression the daughter never knew, for she did not in the least understand the meaning of the remark. It was laid away in her memory like a sealed packet. Years afterwards that coarse remark burst into gross significance in the mind that had unwittingly held its ugly secret so long, and the poor daughter was obliged to blush painfully for the dead mother who well deserved her love, and of whom her daughter would have given worlds to guard only original memories. Another child saw his father return from the city with a curious expression of countenance and unusual complexion. The fact made an impression upon the child's memory; he did not know why, for he attached no importance to it. For years it lay dormant in his mind, then suddenly burst hideously forth in his memory as the sight of his honored father the worse for drink, perhaps the only time it had ever happened in that father's life.

In one of the little stories in which the French excel, Guy de Maupassant, who claims to make close studies from actual, living nature—a species of moral vivisection—tells the story of a miserable creature gone to wreck and ruin because he could not forget having long years before, in his early childhood, seen his respectable father strike his easy mother in a sudden rage. Both were long dead—the memory of that sight could never die.

A father used to impress upon his children the worse than folly of frowns by telling them of their great-grandmother, his mother's mother. Always he remembered a large woman sitting upon the sofa and frowning portentously; and that was all he ever did or could remember of one of the most excellent, although not the most sweet-tempered, of women. He had seen her every day of his little life when she died, but guarded nothing of her save that frown. For years, he told his children, the word "Grandma" meant nothing to him but a large woman sitting on a sofa and scowling with might and main. How little the poor woman dreamed that her fleeting expression was to become a family tradition among her far descendants!

On the other hand, how deceitful memory can be. Really the mistaken idea of half the world that their childhood was life's happiest season comes from these delusions of memory. We look back upon a well-remembered succession of holidays, picnics, games and good dinners, and for-

get chilblains and toothaches, pains under the apron and lost recesses at school, or if we do remember that such things were, we forget their stings. Who does not know the harsh disenchantment of revisiting a garden, or a landscape that had dwelt in glorified memory since the days of childhood?

Many of our readers may remember the story written by the late E. P. Roe, of a captain in our civil war who entirely lost his memory from a wound in the head. He had been a noble, cultivated, brave gentleman before his wound, because his memory was filled with honorable things. After his wound he recovered to become a coarse-minded, shuffling half-brute, because his memory had to begin all anew, and beginning thus anew among coarse, brutal men could make him only like them. This story of Mr. Roe's was criticised as impossible, but it was really founded upon fact, the "fact" being the Rev. Mr. Tennant, of New Jersey.

Lord Bacon thought that the brains of animals used as diet were good for the memory. We can go a little further and declare that human brains are better, with moral sense mixed with them. Let the mother's intelligent brain and her earnest spiritual desire work together to fill her baby's memory with noble things and to shut out ignoble ones, and her baby may some time assure her that the diet was infinitely better than the one advised by even so great a philosopher as Lord Bacon.

THE FIRST MONTH IN FRENCH.—II.

BY LOUIS HEILPRIN.

LESSON IX.

Review Lessons VIII., VII.; VI., 5, 7; V., 1, 4; IV., 5, 7; III., 6; II., 5.

1. OÙ DEMEUREZ-VOUS?

JE DEMEURE À LA VILLE.

JE DEMEURE À LA CAMPAGNE.

Où demeure votre frère?—sœur—cet enfant—cette fille—ce garçon?

Il demeure à la ville—à la campagne.

2. ACHETÉ. GÂTÉ. DÉCHIRÉ.

J'ai acheté un cheval—chien—crayon, &c.

Vous avez gâté votre livre—chapeau, &c.

Vous avez déchiré mon tableau—ma robe, &c.

1. Where do you live?

I live in the city.

I live in the country.

Where does your brother live?—sister—this child—this girl—this boy?

He lives in the city—in the country.

2. Bought. Spoiled. Torn.

I have bought a horse—dog—pencil, &c.

You have spoiled your book—hat, &c.

You have torn my picture—my dress, &c.

3. HABIT. JOURNAL. FUSIL. ARGENT.

4. OÙ AVEZ-VOUS LAISSÉ VOTRE ARGENT ?
—mis—perdu—trouvé ?

Je l'ai laissé sur la table—dans ma chambre—le salon—la cuisine.

5. Allez chercher votre habit—le journal, &c.

3. Coat. Newspaper. Gun. Money.

4. Where have you left your money ?
—put—lost—found ?

I left it on the table—in my room—the parlor—the kitchen.

5. Go and get your coat—the newspaper, &c.

LESSON X.

Review Lessons VII.—IX.

1. OÙ ÊTES-VOUS, JEAN ?—MARIE—LOUISE ?

Je suis dans le jardin—la cour—ma chambre—ma chambre à coucher—le salon—la cuisine.

2. PRINTEMPS. ÉTÉ. AUTOMNE. HIVER.

3. Où demeurez-vous EN été ?—en hiver—en automne—AU printemps ?

En été je demeure à la campagne.

En hiver je demeure à la ville.

Aimez-vous l'été ?—l'hiver—la campagne ?

4. J'aime la campagne au printemps, en été, en automne, ET en hiver.

5. UNE FLEUR. UN ARBRE. UN BOIS.

LE CIEL. LE NUAGE. UNE ÉTOILE.

Voici une jolie fleur.

Regardez CES jolies fleurs rouges, &c.

Regardez ce nuage—nuage noir.

1. Where are you, John ?—Mary—Louisa ?

I am in the garden—yard—my room—my bed-room—the parlor—kitchen.

2. Spring. Summer. Fall. Winter.

3. Where do you live in summer ?—in winter—in fall—in spring ?

In summer I live in the country.

In winter I live in the city.

Do you like summer ?—winter—the country ?

4. I like the country in the spring, in the summer, in the fall, and in the winter.

5. A flower. A tree. A wood.

The sky. The cloud. A star.

Here is a pretty flower.

Look at those pretty red flowers, &c.

Look at that cloud—black cloud.

LESSON XI

Review Lessons V.—X.

LA TÊTE. LA BOUCHE. LE NEZ.

LES OREILLES. LES YEUX. LES DENTS.

LA LANGUE. LE COU. LA GORGE.

LE BRAS. LA MAIN. LE DOIGT.

LE PIED. LA JAMBE. LE DOS.

The head. The mouth. The nose.

The ears. The eyes. The teeth.

The tongue. The neck. The throat.

The arm. The hand. The finger.

The foot. The leg. The back.

LESSON XII.

Review Lessons IX.—XI.; VII., 4, 5 ; VI., 2, 3 ; IV., 7 ; III., 6.

1. DROIT. GAUCHE. LE BRAS DROIT.

Le bras gauche—pied—la jambe—main. La main droite—jambe.

2. JE ME SUIS COUPÉ LA MAIN—le doigt—pied—la jambe—le bras.

3. JE ME SUIS BRÛLÉ LA MAIN—langue—le bras—doigt—le petit doigt—la main droite—gauche.

4. PRENEZ GARDE DE VOUS COUPER LA MAIN—jambe—le bras—pied—doigt.

Prenez garde de vous brûler la main, &c.

Prenez garde de TOMBER—déchirer votre habit—chapeau—robe—livre—le journal.

Prenez garde de gâter mon fusil.

1. Right. Left. The right arm.

The left arm—foot—leg—hand. The right hand—leg.

2. I have cut my hand—finger—foot—leg—arm.

3. I have burnt my hand—tongue—arm—finger—little finger—right hand—left.

4. Take care not to cut your hand—leg—arm—foot—finger.

Take care not to burn your hand, &c.

Take care not to fall—tear your coat—hat—dress—book—the newspaper.

Take care not to spoil my gun.

LESSON XIII.

Review Lessons X.-XII.; IX., 4; VIII., 1-3; VII., 2, 3; V.

1. COMBIEN? Combien de viande?—lait—pain
—poisson—d'argent?
Combien de livres?—plumes—crayons—d'en-
fants—de garçons—filles—maisons—cham-
bres—fleurs—d'arbres—d'étoiles?
 2. Combien de crayons avez-vous?—poupées—
canifs—chapeaux—robes—d'aiguilles—de
tableaux—chats—chiens—d'oiseaux—de
frères—sœurs—tantes—d'oncles?
 3. Combien de garçons avez-vous vus?—d'en-
fants? &c.
Combien de livres avez-vous achetés?—cray-
ons?
Combien d'argent avez-vous perdu?—trouvé?
 4. Combien d'argent avez-vous prêté à mon frère?
 5. REÇU. LU. ÉCRIT. LETTRE.
 6. J'ai reçu la lettre—lu—écrit.
J'ai reçu une lettre de ma mère, &c.
Combien d'argent avez-vous reçu?
Combien de livres avez-vous lus?
Combien de lettres avez-vous écrites?
 7. NON, MONSIEUR. NON, MADAME.
1. How much, how many? How much meat?
—milk—bread—fish—money?
How many books?—pens—pencils—children
—boys—girls—houses—rooms—flowers—
trees—stars?
 2. How many pencils have you?—dolls—pen-
knives—hats—dresses—needles—pictures—
cats—dogs—birds—brothers—sisters—
aunts—uncles?
 3. How many boys did you see?—children? &c.
How many books have you bought?—pencils?
How much money have you lost?—found?
 4. How much money have you lent to my brother?
 5. Received. Read. Written. Letter.
 6. I have received the letter—read—written.
I have received a letter from my mother, &c.
How much money have you received?
How many books have you read?
How many letters have you written?
 7. No, sir. No, ma'am.

LESSON XIV.

Review Lessons X.-XIII.; VIII., 4, 5.

1. UN. DEUX. TROIS. QUATRE. CINQ. SIX.
SEPT. HUIT. NEUF. DIX. ONZE. DOUZE.
 2. Combien de frères avez-vous?—sœurs?
J'ai trois frères—quatre frères.
J'ai un frère et deux sœurs.
Combien de crayons avez-vous achetés?
J'ai acheté cinq crayons—douze plumes.
Combien d'argent avez-vous reçu?
J'ai reçu onze dollars—perdu.
 3. Combien de MES livres avez-vous lus?
J'EN ai lu cinq—six.
Combien d'oiseaux avez-vous vus?
J'en ai vu dix—neuf—huit—sept.
 4. UN SOU. Deux sous. Trois—quatre, &c.
J'ai mis trois sous sur votre table, &c.
J'ai laissé dix sous dans le tiroir—douze.
 5. Deux habits. Huit fusils. Sept aiguilles.
Six enfants. Dix garçons. Trois pauvres
filles.
J'ai prêté cinq sous à votre frère.
 6. JE SUIS BIEN AISE DE VOUS VOIR.
J'EN SUIS BIEN AISE.
J'EN SUIS BIEN FÂCHÉ.
1. One. Two. Three. Four. Five. Six.
Seven. Eight. Nine. Ten. Eleven.
Twelve.
 2. How many brothers have you?—sisters?
I have three brothers—four brothers.
I have one brother and two sisters.
How many pencils have you bought?
I have bought five pencils—twelve pens.
How much money have you received?
I have received eleven dollars—lost.
 3. How many of my books have you read?
I have read five of them—six.
How many birds did you see?
I saw ten—nine—eight—seven.
 4. One cent. Two cents. Three—four, &c.
I put three cents on your table, &c.
I left ten cents in the drawer—twelve.
 5. Two coats. Eight guns. Seven needles.
Six children. Ten boys. Three poor girls.
I lent five cents to your brother.
 6. I am very glad to see you.
I am very glad of it.
I am very sorry for it.

LESSON XV.

Review Lesson XIV.; 1, 3, 4, 6; XIII., 6; XII.; IX., 2.

1. QUELLE HEURE EST-IL ?
IL EST UNE HEURE—DEUX HEURES, &c.
IL EST MIDI.
Il est une heure et DEMIE—deux, &c.
2. UNE MONTRE. UNE PENDULE.
3. Quelle heure est-il à votre montre ?
Regardez à votre montre—à la pendule.
4. À QUELLE HEURE VOUS COUCHEZ-VOUS ?
5. À QUELLE HEURE VOUS LEVEZ-VOUS ?
À quelle heure vous levez-vous en été ?
—hiver—au printemps ?
À quelle heure vous couchez-vous en hiver ?
À quelle heure vous levez-vous à la campagne ?
6. JE ME COUCHE. JE ME LÈVE.
7. Je me couche à huit heures—et demie, &c.
8. BON. MAUVAIS.
Un bon livre—cheval—chien—crayon—fusil.
Un mauvais crayon—fusil—canif.
Une bonne fille—plume—aiguille—montre.
Une mauvaise fille. Une mauvaise plume.
9. METTEZ VOTRE CHAPEAU—habit.
OTEZ VOTRE CHAPEAU.
10. BON JOUR. BON SOIR.
1. What time is it ?
It is one o'clock—two o'clock, &c.
It is twelve o'clock (noon).
It is half-past one—two, &c.
2. A watch. A clock.
3. What time is it by your watch ?
Look at your watch—at the clock.
4. At what hour do you go to bed ?
5. At what hour do you get up ?
At what hour do you get up in summer ?—
winter—spring ?
At what hour do you go to bed in winter ?
At what hour do you rise in the country ?
6. I go to bed. I get up.
7. I go to bed at eight—half-past, &c.
8. Good. Bad (poor).
A good book—horse—dog—pencil—gun.
A poor pencil—gun—knife.
A good girl—pen—needle—watch.
A bad girl. A bad pen.
9. Put on your hat—coat.
Take off your hat.
10. Good morning (good day). Good evening.

LESSON XVI.

Review Lesson XV.; XIV., 3, 4, 6; XIII., 1, 6; XI.; X., 1; IX., 1, 4; II., 3.

1. JE N'AI PAS D'ARGENT.
Je n'ai pas de pain—lait—viande—poisson—
cheval—chat—fleurs—d'oiseaux.
2. Ce pauvre petit enfant n'a pas de pain.
Ce garçon n'a pas de crayon—plume.
Avez-vous trouvé votre livre ?
Ne l'avez-vous pas trouvé ?—mis sur la table
—laissé dans ma chambre ?
3. Il fait chaud. Il ne fait pas chaud.
Il fait froid. Il ne fait pas froid.
J'ai faim. Je n'ai pas faim.
J'aime la campagne. Je n'aime pas la ville.
4. PARLEZ-VOUS FRANÇAIS ? JE NE LE PARLE
PAS. JE NE VOUS COMPRENDS PAS.
5. QUE VOULEZ-VOUS ?
6. QUEL chapeau voulez-vous ?—quelle robe—
poupée—aiguille—quel habit—journal ?
7. LA CUILLER. LA FOURCHETTE. LE COUTEAU.
UNE ASSIETTE. UNE TASSE. UN VERRE.
8. Je n'ai pas d'assiette—de fourchette, &c.
Marie n'a pas de cuiller. Louise n'a pas de
fourchette. Charles n'a pas de couteau. Une
DOUZAINÉ de tasses—verres—cuillers, &c.
1. I have no money.
I have no bread—milk—meat—fish—
horse—cat—flowers—birds.
2. This poor little child has no bread.
This boy has no pencil—pen.
Have you found your book ?
Did you not find it ?—put it on the table
—leave it in my room ?
3. It is hot. It is not hot.
It is cold. It is not cold.
I am hungry. I am not hungry.
I like the country. I do not like the city.
4. Do you speak French ? I do not speak it.
I do not understand you.
5. What do you wish (will you have) ?
6. Which hat do you wish ?—which dress—doll—
needle—coat—newspaper ?
7. The spoon. The fork. The knife.
A plate. A cup. A glass.
8. I have no plate—fork, &c.
Mary has no spoon. Louisa has no fork.
Charles has no knife. A dozen cups—
glasses—spoons, &c.

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| <p>9. Voulez-vous une tasse de lait ? Voulez-vous un petit morceau de viande ? Voulez-vous du pain ?—poisson ? Voulez-vous aller chercher mon chapeau ?</p> | <p>9. Will you have a cup of milk ? Will you have a small piece of meat ? Will you have some bread ?—fish ? Will you go and get my hat ?</p> |
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LESSON XVII.

Review Lesson XVI.; XV.; XIV., 2, 3, 4, 6; V.; IV., 7; III., 6, 7.

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| <p>1. SAGE. MÉCHANT. PARESSEUX. AVEUGLE. Cet enfant est sage—méchant—paresseux. Ce pauvre garçon est aveugle.</p> <p>2. HOMME. FEMME. Une pauvre femme. Donnez un sou à ce pauvre homme. Combien d'hommes ?—de femmes—d'enfants ?</p> <p>3. Combien de fourchettes ?—cuillers—couteaux ? Combien de fourchettes avez-vous achetées ?— mises sur la table ? Aimez-vous cet enfant ? Non, Madame ; il est méchant—paresseux.</p> <p>4. UNE VOITURE. UN CHARIOT. UN TRAÎNEAU.</p> <p>5. VOYEZ-VOUS ce traîneau ?—chariot—cette jolie voiture—ce méchant enfant—cet enfant paresseux—ce pauvre enfant aveugle— cheval—joli petit oiseau—oiseau dans le jardin—la cour—mon frère sur le traîneau— chariot—l'arbre—ce nuage—nuage noir— cette étoile ?</p> | <p>1. Well behaved (good). Naughty. Lazy. Blind. This child is good—naughty—lazy. This poor boy is blind.</p> <p>2. Man. Woman. A poor woman. Give a penny (cent) to that poor man. How many men ?—women—children ?</p> <p>3. How many forks ?—spoons—knives ? How many forks have you bought ?—placed on the table ? Do you like that child ? No, ma'am; he is naughty—lazy.</p> <p>4. A carriage. A wagon. A sled.</p> <p>5. Do you see that sled ?—wagon—that hand- some carriage—that 'naughty child—that lazy child—that poor blind child—horse— pretty little bird—bird in the garden—yard —my brother on the sled—wagon—tree— that cloud—black cloud—that star ?</p> |
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LESSON XVIII.

Review Lesson XVII.; XVI., 3-9; XV.; XII.; IX., 2, 5; VIII., 4, 5; I., 5.

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| <p>1. IL EST ALLÉ. ELLE EST ALLÉE.</p> <p>2. UNE ÉGLISE. UNE ÉCOLE. LA POSTE. LE MAGASIN. LE MARCHÉ. LA GARE.</p> <p>3. Il est allé à l'église—l'école—la gare—poste— au magasin—au marché—au parc—à la cam- pagne—en ville. Elle est allée, &c.</p> <p>4. Georges est allé à la poste. Marie est allée à l'église. Louise est allée à l'école—dans la cuisine—le salon—jardin—bois.</p> <p>5. Où est-il allé ? Où est-elle allée ?</p> <p>6. OÙ ÊTES-VOUS ALLÉ ?</p> <p>7. CE MATIN. HIER. HIER MATIN. Où êtes-vous allé ce matin ?—hier ? &c.</p> <p>8. JE SUIS ALLÉ À L'ÉCOLE—au magasin— marché, &c. À quelle heure êtes-vous allé à l'église ? &c. Je suis allé à l'église à dix heures—neuf, &c. Je suis allé à cheval—en voiture—en traîneau.</p> <p>9. CE SOIR. HIER SOIR. DIMANCHE. LUNDI. Dimanche matin—soir. Lundi matin, &c.</p> | <p>1. He has gone. She has gone.</p> <p>2. A church. A school. The post-office. The store. The market. The depot.</p> <p>3. He has gone to church—school—to the depot—post-office—store—market—park— country—to town. She has gone, &c.</p> <p>4. George has gone to the post-office. Mary has gone to church. Louisa has gone to school— into the kitchen—parlor—garden—wood.</p> <p>5. Where did he go ? Where did she go ?</p> <p>6. Where did you go ?</p> <p>7. This morning. Yesterday. Yesterday morning. Where did you go this morning ?—yesterday ? &c.</p> <p>8. I went to school—to the store—market, &c. At what hour did you go to church ? &c. I went to church at ten o'clock—nine, &c. I went on horse back—in a carriage—sleigh.</p> <p>9. This evening. Yesterday evening. Sunday. Monday. Sunday morning—evening. Monday morn- ing, &c.</p> |
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10. Où êtes-vous allé hier soir ?—lundi soir—lundi matin ?

J'ai vu votre tante dimanche matin—soir.
J'ai reçu la lettre ce soir—matin.
J'ai écrit trois lettres ce matin.
J'ai acheté hier deux douzaines de verres.
Je n'ai pas lu le journal ce matin.
Le journal de dimanche—de lundi—d'hier.

10. Where did you go yesterday evening ?—Monday evening—Monday morning ?

I saw your aunt Sunday morning—evening.
I received the letter this evening—morning.
I wrote three letters this morning.
I bought two dozen glasses yesterday.
I have not read the newspaper this morning.
Sunday's paper—Monday's—yesterday's.

LESSON XIX.

Review Lesson XVIII.; XVII., I, 2, 4, 5; XVI., 5-9; XIV., I, 4, 6; XI.; X., I, 5; III., 3; II., 2, 3, 7.

1. IL EST VENU. ELLE EST VENUE.

Mon frère est venu—père—oncle—le garçon—l'enfant—l'homme.

Ma sœur est venue ce matin—soir.

Ma mère est venue dimanche matin—lundi soir.

À quelle heure ÊTES-VOUS VENU ?

JE SUIS VENU À midi—à midi et demie.

2. AVEC. Avec mon frère—ma sœur, &c.

Je suis venu avec mon père—ma mère, &c.

3. IL EST ARRIVÉ. Il est arrivé hier, &c.

IL EST PARTI. IL EST SORTI.

IL EST MONTÉ. IL EST DESCENDU.

4. Il est parti avec son frère—sorti.

Elle est descendue dans la cuisine.

ÊTES-VOUS PARTI avec votre père ?

JE SUIS PARTI — arrivé — monté — descendu.

5. MES SOULIERS—BOTTES. MON PARAPLUIE.

6. AVEZ-VOUS APPORTÉ mes souliers ?—bottes—livres—lettres—mon habit—argent ? &c.

1. He has come. She has come.

My brother has come—father—uncle—the boy—child—man.

My sister came this morning—evening.

My mother came Sunday morning—Monday evening.

At what hour did you come ?

I came at noon—at half-past twelve.

2. With. With my brother—sister, &c.

I came with my father—mother, &c.

3. He has arrived. He arrived yesterday, &c.

He has left. He has gone out.

He has gone up-stairs. He has gone down-stairs.

4. He has left with his brother—gone out.

She has gone down into the kitchen.

Did you leave with your father ?

I left—arrived—went up-stairs—went down-stairs.

My shoes—boots. My umbrella.

6. Have you brought my shoes ?—boots—books—letters—coat—money ? &c.

LESSON XX.

Review Lessons XIX. and XVIII.

1. SAVEZ-VOUS qui a pris ma plume ?—mon parapluie—aiguille—crayon—canif ?

Savez-vous où est mon frère ?—père ? &c.

2. Savez-vous s'IL est sorti ?—venu—arrivé—parti—monté—descendu ?

3. JE NE SAIS PAS.

4. Savez-vous LIRE ?—ÉCRIRE — NAGER — PATINER — CHANTER — COUDRE — TRICOTER — JOUER DU PIANO ?

5. Je ne sais pas nager, &c.

6. Voulez-vous me PASSER la viande, s'il vous plaît ?—le poisson—pain—lait—BEURRE—SEL—SUCRE ?

7. IL PLEUT. IL NEIGE. IL GÈLE.

1. Do you know who has taken my pen ?—umbrella—needle—pencil—pen-knife ?

Do you know where my brother is ?—father ? &c.

2. Do you know whether he has gone out ?—come—arrived—left—gone up-stairs—come down ?

3. I do not know.

4. Can you (do you know how to) read ?—write—swim—skate—sing—sew—knit—play on the piano ?

5. I do not know how to swim, &c.

6. Will you please pass me the meat ?—fish—bread—milk—butter—salt—sugar ?

7. It is raining. It is snowing. It is freezing.

NURSERY PROBLEMS.

The Ventilation of the Sleeping-Room.

To the Editor of BABYHOOD :

Recognizing the importance of securing proper ventilation in our dwelling-places, and having the highest regard for your opinion, I would ask the following questions :

(1) Our sleeping-room contains one large window looking out on the street, and is occupied by father, mother and baby. Could you suggest any means by which a free circulation of air could be secured without exposing one's self to the detrimental influence of the changeable atmosphere by leaving the window open at night ?

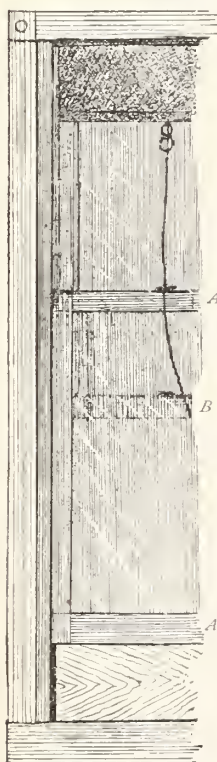
(2) Does the baby suffer by sleeping in such a room with its parents ?

(3) Would growing plants (forty-five in number) in a room adjoining the bedroom, have any ill-effect on sleeping occupants ?

C. E. W.

New York City.

(1) The way we usually overcome the difficulty in rooms such as you describe is this : Practically

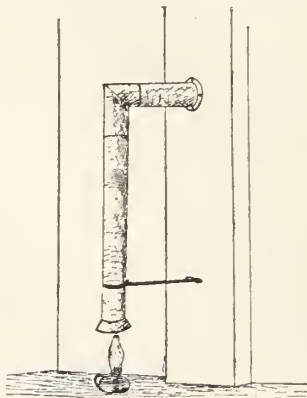


the lower sash, *A*, and the upper sash, *B*, through which the air is admitted and directed upward

the only means of ingress and often of egress for air is the window. The danger of the window is not nearly so much from the changeable temperature of the outer air as from the draughts excited by the different temperature within and without. To let in the air and prevent a direct draught is the problem. Outside of the bottom of lower sash fasten a board 6 or 8 inches wide fitted snugly into the window frame. If the sash is closed, it obstructs but little light. When the sash, *A A*, is raised, its lower part fits the board closely, and the joining may be made more snug by tacking a strip of cloth or felt to the inside of the board. An aperture is left above between

toward the ceiling, to be subsequently distributed without draught or with very little. The amount admitted may be regulated by the height to which the lower sash is raised—1, 2 or 6 or 8 inches.

If there is in the room an open chimney, it is easy to get the air out. If there is not enough



chimney draught, a kerosene lamp with a small flame (not a large flame turned low, which will probably smell foul) may be set into the grate or fire-place to create an upward current of air, which makes a fairly good base ventilation. If there is no fire-place, but a chimney passing through the room, another means of exit can be arranged. If there is no thimble arranged for a stove-pipe, one can be easily put in, preferably high up. Into this hole fit a stove-pipe or tin pipe, bent at right angles, so that its lower end shall come down to within 18 inches of the floor. Under the open end place at night the lamp as before. By these simple contrivances, air is admitted at the top of the room and goes out at the bottom, which is, on the whole, the best method.

(2) If there is plenty of good air, the baby will not suffer. If there is not enough, all will suffer, but the child, being generally more susceptible than adults to depressing circumstances, will suffer most.

(3) Probably they will not have any very marked effect. The respiration of plants is not so simple a matter as once supposed. During the day they are certainly useful to animal life, and it is now held that their deleterious effect

from exhalation of carbon dioxide at night is far less than formerly believed. Oxygen is still given off at night—perhaps enough of it to counterbalance the carbon dioxide.

Night-Terror.

To the Editor of BABYHOOD:

My little boy is two years old, and all his life has been subject to violent passions of crying in the night, and instead of growing out of them, although not so frequent, they are more violent.

He goes to bed quite happy, but about 11 or 12 o'clock he begins to cry and moan, which gradually increases to screams; he seems not to know me, and if I touch him, kicks and struggles. His eyes are open. I generally put my hand on him to hold him quiet and smooth his forehead with the other. Suddenly he is himself again, and asks to hold my hand or asks for a handkerchief to wipe his eyes, and after that I have no more fears of his crying again. He then lies awake for an hour or two, talking to himself, going through his little repertoire of words, until he falls asleep.

He wakes next morning quite bright, and evidently having forgotten the commotion of the night, but he is heavy-eyed and rather irritable. As a rule he is an unusually merry, bright, intelligent child, with a wonderful memory. Has any mother had the same experience? It seems almost like hysterics. He has cut all his teeth excepting the two large double ones. Can anybody suggest a cure?

England.

A WORRIED MOTHER.

The case is pretty clearly one of "night-terror," a disorder of sleep peculiar to children. The trouble is akin to, but not the same, as ordinary nightmare. If there is no question of epilepsy—in this case there seems to be none—the usual result is recovery. These terrors occur in those children who are weakly, nervous, anæmic, or who have rheumatic or gouty peculiarities by inheritance or otherwise. Besides, various irritations, such as teething, derangements of the digestive organs including worms, any kind of mental excitement or strains, are also considered causes, and probably the presence of imperfectly digested food in the alimentary canal ought to be placed at the head of these. Perhaps from these hints you can reach the cause in the case of your child.

Peaceable at Night, but Refractory in Day-Time.

To the Editor of BABYHOOD:

When we did not hear from you through the November number of BABYHOOD, we decided we would try the plan of allowing little Dorothy to go to sleep "in peace." The first night we really expected a two hours' cry, so you can imagine we were amazed when at the end of thirteen minutes Baby was quiet. We could not believe she was asleep until one of us tip-toed in to see. At night she never cries hard or long, and goes to sleep so much quicker than when we used to pat her, and will often not cry at all; and she sleeps so much better that we regret we did not begin long ago. Why, in a few nights, Baby only wakened once, and at the end of a week

we discontinued the night feeding, and since then she sleeps about eleven hours without waking. But, BABYHOOD, can you give me a hint as to why this plan does not work the same in the day-time? When she does not drop off as she finishes her milk (at her nap time), and I leave her, she begins to cry very hard, and continues it for an hour and more. Once this week she cried an hour and thirty-five minutes, then going to sleep, but only sleeping thirty minutes. The next day she cried for forty minutes, and then stopped and was contented with nothing to play with for two hours. She showed no signs of being sleepy for hours afterward, she really cried so hard; and her face will then be so flushed and tear-stained that it is hard for me. She seems broken-hearted when I turn to leave her, and puts out her little arms as if she wanted me to take her. This is sweet to me, and I *do* want to take her, for I never have had that sweet pleasure of having my Baby cuddle. She never would be rocked, until very recently, when she seemed to love to put her head down on me for a few minutes. You see it is over six weeks that we have been trying the plan.

(1) Do you advise us to continue it in the day-time?

(2) In winter do you think the heat ought to be turned on in the sleeping-room? And should a window be opened in the room itself?

Englewood, Ill.

FIRST-BABY MOTHER.

The only reason we can see why the child goes peaceably to sleep at night and will not in the day, is that at night she is really sleepy, and in the day-time is not or at most only a little drowsy. The difference between getting a midday nap or going to sleep at night is very marked in most adults and in some children.

(1) We do not think it important to continue the plan by day. You have won at night, when you really needed the rest.

(2) It all depends upon the temperature. Our advice is to ensure a sufficient supply of good air without draughts, and to keep this air moderately warm by turning on the heat if necessary. The method varies in details with each room according to the position of windows, doors and the position of the child's crib relative to these. Our reply to another query in this number may give you a useful hint as to ventilation.

Crying as a Cause of Rupture.

To the Editor of BABYHOOD:

My baby is two months old, is well and very good, but with a strong will and very determined. When not in pain, warm and not hungry, I do not take her from her crib, even though she cries lustily, believing she may be comfortable and happy without being held continually. A friend begs me not to do this, saying it will be better to have a less well-behaved baby than to almost certainly occasion rupture. I am a recent subscriber, and this matter may have been previously treated. If so, please refer me to the proper number of the magazine that I may send for it. If not, I shall be very glad of your advice.

New Haven, Conn.

N. N.

In the number of BABYHOOD for December, 1886, is an article on "Rupture in Children," by

Dr. Gibney. Our notion of the relation of crying to rupture is, that crying is one of many causes which may cause rupture in a child whose structure was such that it was predisposed to that accident. If even a small fraction of the crying babies became ruptured in consequence of the exertion, then the disease would be far more common than it now is.

The Danger of Contagion from Books; Hair Bleaches.

To the Editor of BABYHOOD:

My three-year-old boy has just recovered from an attack of scarlatina. During his illness, and also during the many trying weeks of convalescence, my chief pastime was reading. The former BABYHOOD articles on scarlet fever were my chief guide, and proved quite a blessing to me. Now, what I wish to ask, is this: These books were all handled extensively by the patient, who is extremely fond of saying his letters. They have been fumigated thoroughly, but is there not danger yet perhaps? I cannot imagine the sulphur could well penetrate each page. As our little girl was isolated from the disease and escaped contracting it, I am doubly anxious in reference to this.

Is there anything which prevents golden hair from turning dark? My little girl had golden curls, but the hair is at present changing and is streaked. So many persons recommend different articles with which to wash it, as borax, soda, etc., claiming it is not injurious. Will BABYHOOD kindly give me its opinion?

Walla Walla, Wash.

There is some danger, just how much cannot be exactly stated. Our own rule is never to have in the room with a contagious disease any book which we are unwilling to burn when the case is over. If you are unwilling to burn your back numbers, we should advise you either to bake them at heat just short of scorching for a good while—*i. e.*, some hours—or to remove them to an out building and open them thoroughly to the air for some weeks; the baking is preferable.

All the things for hair bleaching which have been recommended to you are, in our opinion, deleterious to the hair, and we do not believe that any bleach exists which leaves the hair in as good a condition as it would be if it were left alone. It is always a trial to a parent to see the golden hue disappearing, but if nature ordains it it must be submitted to.

A Probable Case of Eczema.

To the Editor of BABYHOOD:

My little girl of six months has had an eruption on her cheeks for over a month that seems to be slowly but surely spreading. I have used both glycerine and vaseline, at different times, with little effect. Her bowels are irregular in movement, sometimes one passage a day, and again none for two days unless an enema is used, the use of

which seems to produce pain, and the evacuation being scanty, slimy and fermented. I have always nursed her, and, though she is plump, she seems to grow very slowly. She sleeps from 9, to about 11 A.M., and takes a shorter nap in the afternoon; at 7 P.M. she is put to bed, but usually wakes in a short time and often is up until 10 or 11 o'clock, and when she does sleep her rest is very broken. Now, will you kindly tell me what you think is wrong, and how I can right matters?

Stockton, Cal.

A DEVOTED ADMIRER.

The child, pretty certainly, has eczema of the face, as infants not uncommonly have. The disordered condition of its digestion, as shown by the kind of stools, may be the cause of the eczema, or they may be both expressions of something else. The treatment of such a case is rather beyond domestic skill, and should not be attempted without medical advice.

Flannel Stretchers.

To the Editor of BABYHOOD:

Please let me know in your next issue where I can get stretchers for flannels.

Memphis, Tenn.

CONSTANT READER.

The article you desire is made by F. Cadmus, Central avenue and 7th street, Camden, N. J., and sells, we believe, for from 75 cents to \$1.25.

Suggestions for the Diet of a Ten-Months-Old.

To the Editor of BABYHOOD:

As a new subscriber I would like to ask for a few words of advice through the columns of BABYHOOD. My baby is a little over ten months old, has four teeth (incisors), and is in all respects strong and healthy. He has been fed from the bottle on cow's milk since his birth. At present I am feeding him in the same manner, with the addition of some Imperial Granum daily, and occasionally a little oatmeal. Will you kindly tell me if this is the best diet for him at this age, and what additions, if any, should be made to it in the course of the next eight or ten months? Also, please inform me if the milk should now be given him undiluted?

San Francisco, Cal.

Ordinarily, we think children of ten months of age should have cow's milk, if of good quality, diluted somewhat. But there are children whose digestive power seems equal at that age to taking undiluted cow's milk. If he is really "in all respects, strong and healthy" (and you mention no ailments to throw doubt on the statement), we do not see why you need change a dietary on which he is thriving so perfectly. The additions to be made by and by—*i. e.*, till he is eighteen or twenty months of age, are not so much changes in kind as in amplifications in amounts. The child must continue to depend upon milk as his chief article of diet. Gradually the oatmeal gruel may be changed to oatmeal porridge. Crusts of bread, buttered, may be given. A little dry

toast, to be carefully munched, may be allowed after his first four grinding teeth are through. But mutton or chicken broth, with no vegetable but rice or barley, may be occasionally given as a change from milk. Beyond these things or other cereals, we should allow nothing until he was fully a year and a half old.

Incomplete Sterilization; Failing Supply of Breast Milk.

To the Editor of BABYHOOD:

(1) Would you kindly inform me through your columns if I am properly sterilizing my baby's milk? The milk and cream are put together in a glass jar with screw top. It is then placed in a saucepan of water, and as soon as the boiling point is reached the lid is screwed on, and the milk and cream steamed in a colander over the water for twenty minutes. Since I have taken to sterilizing the milk I have noticed yellow globules like matter floating on the top. What is the reason of this?

(2) How can I increase my supply of breast milk, which has been gradually diminishing for some time? My baby boy is five-and-a-half months old; is very plump and firm, with a good color, and seems in fine condition; but his motions are very loose, slimy, curdled, often green, and he has from four to six in the twenty-four hours. He has always been restless at night. Is this to be accounted for by his suffering from eczema, caused by wearing a rubber truss for rupture?

(3) Am I doing right by supplementing the breast with three bottles a day of cow's milk diluted with water and lime water?

A NEW SUBSCRIBER.

(1) The sterilization is probably adequate for cool weather; that is, enough to prevent the milk from spoiling before you will need it, in the ordinary course of using. But we suppose that it is not really sterilized, because to accomplish this it is necessary that the milk should be enveloped completely in steam for a considerable time—forty-five to sixty minutes—and if it is to be kept for a considerable time it should be twice steamed, having become cool for some hours in the interval. The second sterilizing is to destroy germs which have in the meantime developed from spores not killed by the first steaming. The yellow globules are butter. It has been noticed that they separate easily from sterilized milk, though shaking will again mix them pretty well with the milk. In view of the digestive disturbances of the baby we would urge the complete sterilization of its food. Various domestic steamers can be used, but the convenience of the Arnold sterilizer makes it well worth its cost.

(2) The increase really must come from careful nutrition of yourself, combined with correction of any errors of diet, digestion and of any other function that may exist. Unfortunately, in many instances, the milk will fail despite the best

endeavors to increase it. The baby's restlessness may arise from the eczema, at least in part, but the digestive disarrangement may also disturb him, and the latter may also, in part, account for the eczema.

(3) It is right to supplement the breast with properly diluted and prepared cow's milk. The exact dilution varies with the age of the child.

Knock-Knees; the Diet of a Bow-Legged Baby.

To the Editor of BABYHOOD:

(1) My little boy, three years old, is slightly "knock-kneed." If it is not remedied it will be a sad deformity. I want to ask you if you would advise a brace, or if you think he will outgrow it? He was a very delicate baby, but is now robust and healthy.

(2) My other little boy, fourteen months old, seems decidedly bow-legged. He does not walk, and was not put upon his feet till he was a year old; he is, and always has been, very healthy. Will you please advise with regard to him?

(3) Baby has twelve teeth, four of them molars. Would you allow him to have potato, bread or egg?

A GRATEFUL SUBSCRIBER.
San Francisco, Cal.

(1) The answer depends upon the degree of deformity. We have little faith in the "out-growing" of genuine knock-knee after a child is three years old. So if the deformity is sufficient to justify your expression regarding it, we think that he would better have the braces.

(2) Precisely the same advice will apply to the second case. Both the knock-knee and the bow-legs, if real, depend upon rickets. It is surprising how many children suffering from this disease are considered "very healthy."

(3) Bread, crust to suck and chew; no egg at present, and no potato for a long time for a child whose bones show a tendency to curve.

Regular Crying-Spells.

To the Editor of BABYHOOD:

Having so much confidence in your judgment, I again appeal to you for advice.

My little boy, nearly seven weeks old, looks well and weighs about 10½ pounds. He is nursed four times and takes one cow's milk diluted with barley water three times, making seven meals in the twenty-four hours. He sleeps well at night, awaking but once for his three-o'clock meal. What I cannot understand is that he has regularly every day two crying-spells, one after his seven-o'clock and the other after his four-o'clock meal. At both of these hours he takes the bottle, but as he also takes cow's milk at 10 P.M., and goes to sleep soundly afterwards, I cannot attribute the crying to that food. He very often frets and cries from his four-o'clock meal until seven-o'clock, when I nurse him. I have tried warming his hands and feet or giving him hot water, to no avail. What can be the cause? I have thought that the milk might flow too quickly through the holes in the rubber nipples, but why should he then not feel uncomfortable after one of

the meals, that of 10 P.M.? Am I right in giving him one ounce and a half of milk to two of barley water and two teaspoonfuls of lime water to make the three and a half ounces suggested by BABYHOOD for infants of his age? I refer to the article "Feeding of Infants," by Dr. Holt.

I would like to know how to increase the proportion of milk and to be sure that barley water is better than oatmeal, for my baby is constipated. Our physician recommended the one cow's milk.

I have used the Gertrude suit, and each day I am more delighted with it. AN OLD SUBSCRIBER.
San Francisco, Cal.

We do not know why the baby escapes discomfort at 10 P.M. from food which seems to disagree at 4 and 7 P.M. A possible cause may be that he is weary in the afternoon, and rested by the evening's sleep he is better able to digest the food. There is also the possibility that some other cause than the food is operative. The best way to determine this would be to change for a while the hours of feeding, giving the breast instead. If the crying spells also changed it would be fair to consider the food as the cause.

The proportions in your mixtures seem about right. For some months you need increase the proportion of milk but slowly—increasing the quantity and diminishing the frequency proportionately, the table you refer to being a safe guide for these matters. If the baby is constipated, the oatmeal will probably be preferable for him to the barley water.

The Dangers of "Trotting."

To the Editor of BABYHOOD:

Will you please tell me whether you consider violent and continued "trotting" or jolting injurious to a baby or not, and if so, in what the injury may consist? A. B. B.

Nashville, Tenn.

Of course, as every one knows, myriads of children have survived an amount of trotting that one would suppose would have churned all their food into butter. The chief risks, physically, are the producing of disordered digestion, throwing up of food and a restlessness of the nervous system which is the result in young or old of want of proper quiet. Aside from actual bodily injury to the child, it is a stupid habit which renders the child to depend upon this form of amusement, and makes him unwilling to go to sleep in any natural way.

Lime Water; Condensed Milk; The Possible Causes of Wakefulness.

To the Editor of BABYHOOD:

My seven-months baby has been brought up on condensed milk, and is as healthy a looking child as one would wish to see. I am often advised to use lime-water as "an aid in forming teeth." As

she very seldom vomits, I have thought it unnecessary.

(1) Would you advise me to use it, and would it be any help in that particular? She has no teeth yet.

(2) Later, in preparing additional food, such as rice or oatmeal, shall I use condensed milk also?

(3) Why does BABYHOOD never recommend condensed milk? Scores of babies are brought up on it here, and the doctors recommend it. We are sorely perplexed over our little one waking so often during the evening; many times she does not settle down for the night before twelve o'clock. We started out with a three-months' siege of hard colic, so that her habits were not formed early as they should have been. Since then we have put her to bed about half-past seven. She is rocked in our arms and laid in the crib in a quiet room. Occasionally she remains asleep, but, as a rule, she will waken two or three times crying more or less hard, and dropping off to sleep only to cry out again. Often she cries so hard that we are obliged to take her up, when she will cuddle down and go to sleep immediately. If she cried with temper, we could let her "have it out," and surely she would have been cured long ere this, but she gets so heart-broken and sobs so pitifully afterwards in her sleep that it wakens her again. Since four months old, she has had her bottle every three hours in the day and once in the night, sleeps on an average three hours in the day, divided into a morning and afternoon nap. She has never been a fretful baby, and is so happy and good in the day-time.

(4) What can make her so restless at night? If BABYHOOD can throw any light on the subject, we will be deeply grateful.

(5) What makes a child sob in her sleep when she has not been crying? My baby will go to bed as happy as can be, and wake up sobbing an hour after.
Cleveland, O. L. G. L.

(1) The lime is useful not as having any special and specific action toward tooth formation, but because it gives to most cow's-milk mixtures the desired alkalinity. Condensed milk is generally less acid than fresh milk as sold in towns, and the alkali is less necessary in it.

(2) Condensed milk has, if used with cereals, the same advantages and disadvantages that it has, if used with water alone; and

(3) The reason why BABYHOOD does not recommend condensed milk is that it can recommend better things, which are usually just as easily attainable with a little care.

The advantages of condensed milk of good quality are its uniformity and the facility with which it can be kept from spoiling. For these reasons, and because they believe there is less danger of the attendant's blundering in the preparation of it than of other foods, it is often recommended by physicians. Of course it cannot be better than the milk which was condensed, and for use must be diluted again until it is near the strength of the original milk, and if used for the food of an infant, must be diluted until it contains about the same proportions of water

as does good average breast milk, which is always accepted as our standard infant food. Now, when it is so diluted, the proportion of albuminoids is not far wrong, and therefore it is usually easily digested, but, like diluted fresh milk, it has then become sadly deficient in fat, not to mention other errors less evident to the unprofessional observer. It is, therefore, lacking in nutritive value as compared with breast milk, and its sugar is largely cane sugar. For use among the poor of cities, perhaps it is as good a food as can generally be had, for the common milk sold in such localities is not of the best, and is often not really fresh and is not fit for infants' use. It is a very general custom, we believe, at dispensaries, to supplement the condensed-milk food with cod-liver oil, by which means sick children get the necessary fat. In a word, then, good condensed milk, profusely diluted, is not a harmful food, as are many of the "perfect substitutes" sold, but it is an insufficient food as compared with those that may be extemporaneously made from milk and cream properly diluted and sweetened. Nevertheless, we admit that whenever poor milk or careless preparation of food are likely to be elements in the problem, good condensed milk may be as safe as anything.

(4) There are so many things that may cause restlessness that we cannot give a decided opinion. Several times in recent numbers we have mentioned some. Often in practice the cause is overlooked until the physician becomes familiar with the routine of that particular nursery; and

also often even then he is in doubt. But in your case the most probable cause is faulty digestion. And (5) we fancy the sob to be an expression of the same, analogous to the hiccough of a waking baby.

Eczema.

To the Editor of BABYHOOD:

My baby, ten months old, has nearly always had eczema on his face. He now only weighs about 15 pounds, and although never really sick, has always been delicate. We feed him nice rich cow's milk, diluted one-quarter, to supplement my own supply, which is very small.

What causes eczema? The baby's father and myself have never had any such trouble, so it is not inherited, and my other two children have very clear, fair skins, and they are also very healthy otherwise. But this, my third baby, has never seemed very strong. My health is quite good, although my children having come in quite rapid succession, I did not feel at all strong before his birth.

Will you please tell me what is the best treatment for eczema? Also, if there have been any articles in *BABYHOOD* upon this subject? I do not remember any such articles during the four years I have taken it. M. W. E.

Jamestown, N. Y.

Perhaps we can best answer your questions by referring you to back numbers which you have. In Volume IV, p. 179, you will find an article on eczema entitled "Milk Crust." In the number for last April, p. 137, is another article on skin affections, including eczema. If, moreover, you will look at the indexes of your four volumes, you will find about a dozen references to the subject.



CURRENT TOPICS.

The Elements of Comfort.

THE young husband who exclaimed, half in jest and half in earnest, "If we only had a few less curtains and a few more comforts!" struck the keynote of unhappiness in many a home. It is on the basis of what others expect of us, instead of what will really contribute most to the enjoyment of the family, that we furnish our houses,

and spread our tables, and clothe our children, and entertain our friends. This clouds our vision as to the relative value of things. We forget that a woman of sunny temper and unruffled nerves, presiding over a table of the plainest fare, gives a charm to the meal which the most delicate viands and the costliest china cannot furnish if they be provided at the expense of worry

and fatigue on the part of a nervous, overtaxed mistress. Contentment, repose, cheerfulness, freedom from petty anxieties—these are some of the essential elements in a happy home. Let us beware of sacrificing them to artificial standards as to dress and equipage.—*Congregationalist*.

Sleep and Rest for Children.

THROUGHOUT all nature we observe a recognition of the demands for rest. The changes of the seasons, the rising and setting of the sun, provide opportunities to all creation for relief and freedom from whatever wearies or disturbs.

There has been much written upon the value of rest in surgical injuries, but I think there has been a lack of interest manifested in this subject as connected with children and their diseases.

Immediately upon the birth of the child the average nurse and mother are apt to be interested in its feeding, so much so as to engage in the stuffing process. Instead of placing the child in a comfortable condition, and using every means possible to give it the quietude necessary to sleep, the little innocent is filled with sugar and water, teas and slops, which favor fermentation in the intestinal canal. Colic is the result, and then follows the trotting and shaking up of the tender bud by the ambitious, energetic and muscular Betsy Trotwood of the sick-room. Sleep for any one in the room is out of the question. This, together with the mania for washing the baby in season and out of season, sponging its sensitive surface with super-heated water, and then favoring rapid evaporation by exposure of the surfaces, is not only very shocking to its tender nervous system, but disturbs the equilibrium of the circulation, favoring internal congestions as well as inflammations. The child may escape immediate serious illness, but it is certainly started upon a wakeful career which may terminate in complete demoralization of its nervous system.

It profits us little with the infant under our care if nature has given him a solid, robust frame, good constitution, and a prospect of splendid nourishment, if his natural disposition to sleep be interfered with by the meddlers of his early hours.

We must never lose sight of the fact that the nutrition of all parts of the anatomy is controlled by the nerves. Imperfect nutrition and development are the natural results which follow restlessness and sleeplessness.

No one can doubt the intimate association be-

tween rest and growth; in fact, they appear on a superficial view to stand to each other in the relation of cause and effect.

Accurate observation of the animal and vegetable world reveals their perpetual co-existence; and growth, as a rule, seems to proceed *pari passu* with physiological rest.

In the spring, after a night of prolonged rest, have we not all seen the buds burst forth into leaves and flowers upon the trees immediately upon the appearance of the sun?

The clouds by day and the absence of the sun by night furnish the needed rest to all forms of life from the glitter and the glare of the sun's rays.

John Hunter, the master physiologist, announces that "most plants have their periods of growth and periods of rest. Some plants close their leaves, others their flowers, at peculiar hours of the day or night; and with such regularity does this period of rest take place that more than one vegetable physiologist has proposed to construct from them a floral clock."

But it is needless to dwell upon this point; suffice it to say that in infancy the child who sleeps much thrives the best. Who will deny that the wakeful, restless child seldom displays the evidence of active nutrition, or that the healthy infant passes the greater portion of its life in a state of rest and sleep?

It goes without saying, then, that growth—the renewal of some parts and the fresh development of others—seems to claim sleep and rest as its helpmates.

The foregoing applies more particularly in the direction of prophylaxis. If sleep and rest be essential to growth, they are particularly needed to the accomplishment of repair. Repair is but the repetition of growth.

The same elements and the same conditions are necessary to the same results.

In active disease of childhood we all know how rapidly the victims are exhausted, and the wasting is like unto that of a snow-ball under the sun's rays; but if we can check the process and secure rest how rapid the repair.

In the active acute diseases of children I doubt if we are sufficiently impressed with the conservatism of rest.

A popular idea after a child has fallen, injuring the brain, is that he should not be permitted to go to sleep. How fallacious! Sleep is the best possible thing for him.

After a convulsion, no matter what the cause, or an epileptic seizure, nature in a conservative

way is disposed toward sleep. In this we have a lesson furnished us. In feverish conditions we should pursue a course likely to secure tranquillity to the nervous system.

In conclusion, permit me to make the following points :

1. Rest and sleep coupled with activity of the secretory system of glands in the new-born infant are most favorable to growth and development, and put it in a condition antagonistic to disease, in that the nervous system, the great opposer of deleterious influence, is in the best possible shape.

2. Rest, sleep and glandular activity are the best accompaniments of any disease, idiopathic or traumatic, to which the child of any age is liable.

3. Repair rather than waste is favored by the securement of a tranquil state of the nerves, and this, together with the opened condition of the eliminative organs, favors not only the carrying away of the results of disease, but encourages assimilation of the reparative matter.—*Dr. I. A. Love, in "New England Medical Monthly."*

The Life of Pestalozzi.

MEN and women of every rank of life should read the Life of Henry Pestalozzi. Examine but briefly the work which this man did and the circumstances under which he labored and then judge whether his mistakes, for he committed many, were ever errors of heart.

Pestalozzi, from his earliest days, was a profound lover of his kind, and seeing from childhood the hardships of the peasantry, and the great disadvantages under which the children of the poor were reared, it became the dream of his life to devote himself to raising their intellectual and moral natures. He was very poor himself, and first decided that as a pastor he could best influence his people. While studying with this end in view he became convinced that it was the law that was keeping the peasant down, so giving up theology he devoted himself to the study of law, hoping to be able some day to redress the grievances of his friends. This was not his true vocation—he had not a single qualification for it ; so soon we find him taking up yet another idea which he thought brought him to the root of the evil. Under the influence of Rousseau many young men had been led to take up improved agriculture, and Pestalozzi, who was at this time in his life very much in sympathy with that phil-

osopher, contemplated the establishment of a model farm where he could teach the people how to live. He invested all he had in land, married Anna Schulthess, and for a year gave himself up to hard work on his farm, and forgot his high purpose for a time in his happiness and in his desire to make his wife comfortable.

At the end of that time a son was born to him. This event aroused all his dormant feelings, and he reproached himself passionately for having let a desire for worldly prosperity come between him and his great aim. For a few years he worked along, educating his child and doing all in his power to make a success of his experiment in agriculture, but when his boy was about five years old he was compelled to acknowledge that his scheme was a failure, and that all his fortune was gone. His conscience all this time had given him no rest, and at the same time that he found he was ruined he took unto his home twenty-five poor children to educate after his own ideas. He was very successful, and, with some little help, was afterwards enabled to increase the number to eighty. The unreasonableness of parents, and many minor troubles, broke up the model poor-school, and Pestalozzi found himself completely ruined.

He was saved from utter destitution by a faithful servant and his friend Iselin, who urged him to write. "The Hermit's Hour" and "Leonard and Gertrude" are the two most celebrated of his books of this time, and the world misunderstood him again, for they read "Leonard and Gertrude" as a novel, and refused to go deeply into it. Pestalozzi was then fifty-one years old, and looked upon himself as worn out, and yet his important work for humanity had not yet been begun. The disaster at Stanz opened the way for him. A home for orphans was established there, and Pestalozzi gave himself up to it heart and soul. Here he began the development of that method which was to revolutionize the teaching in primary schools. His school at Stanz was at first considered a great success. Later there was much misunderstanding, however, and much unjust abuse. This he was willing to live down, but as usual he no sooner fancied himself settled in some work that would benefit his people than he was interrupted. The French troops came to Stanz, the orphanage was needed for a hospital, and Pestalozzi had to make way. Discouraged and ill he left Stanz, but soon all his old hopes returned, and he offered his services as a teacher free to the town of Burgdorf, and Pestalozzi

started in again with his whole heart in his work. He made another great success, but was again compelled to relinquish his plans just when they seemed about to make his reputation national ; a change in government withdrew the support from his school, and Pestalozzi was again left without employment. All this time, through the mingled praise and blame he received, he never forgot his great object, his poor-school, for when the success of the Burgdorf Institute was at its highest he wrote to a friend : " Help me to sell my books, so as to forward the one object of my life, my poor-school."

We next find him at Yverdon, the place of his greatest triumphs and his most galling humiliations. For many years the institute at Yverdon was the model copied by all the nations, and it was owing to disagreements among the professors and the administrative weakness of its head that it fell so ignominiously. Pestalozzi's last years were the saddest of all his life, and that is saying so much. Calumny, vituperation from those he loved best, contempt and ridicule from those who worship success only, and who saw in him only a man of many failures, all this and more he had to bear, for the poor old man, then nearing his eightieth year, was so humbled that he took all the blame to himself, and imagined that he alone had caused the failure of the divine idea. Just before his death he wrote : " My sufferings are inexpressible ; no man could understand the sorrow of my soul. People despise me as a feeble, infirm old man ; they no longer think me good for anything ; I do but excite their derision. It is not, however, for myself that I am troubled, but for my idea, which shares my fate. My most sacred possession, the belief that has inspired the whole of my long and painful life, is scornfully trodden under foot. To die is nothing ; I even welcome death, for I am weary and would fain be at rest. But to have lived a life of sacrifice and to have failed, to see my work destroyed and go down with it to the grave, this is frightful, more frightful than I can express."

If you had only known it, Henry Pestalozzi, your work did not fail ; no life of sacrifice ever did. You are everywhere acknowledged as the inventor of the universally used " object method" ; your reforms make the primary school of to-day

the success that it is ; the poor people you worked for have been immeasurably elevated, and, just as you hoped they would be, by education. Prussia acknowledges that she brought France to her feet by the might of your idea. Is this failure ?

If the teachers who use daily, perhaps unconsciously almost, the many reforms that this martyr introduced in primary work, would read this Life of his, would learn how he loved children, how high his ideal of the true teacher was, how tender, how faithful, how patient he was, it might sometimes bring a sweeter feeling into their hearts toward their troublesome charges ; it might even stop the sharp words that rise so often to the lips, to think of the man who punished his pupils with his arms around their necks and his eyes full of tears.—*American Hebrew*.

Overgrown Boys.

THERE can scarcely be a more refined method of cruelty than that of ridiculing the awkward movements of a boy whose superfluity of flesh or stature prevents his moving gracefully among his more naturally formed brothers and sisters ; and yet fathers and mothers as well as thoughtless friends or playmates are often guilty of thus wounding the feeling of the overgrown boy who is so unfortunate as to have been born among them. Even the attainment to a noble and perfectly symmetrical stature (which the years always bring to such an one, if his health does not fail under the extra imposition of labor which his mistaken friends require of him) cannot atone for the cruel hurts he thus receives. If he be a sensitive child, they rankle in his very soul, and do untold harm then.

Some parents are in such haste for their children to become men and women that they force them on, hasten their development in every possible way ; and if nature favors them by bestowing a more than ordinary growth in bone and flesh upon any of their children, they are rejoiced to have the excuse to impose duties and exact behavior according to the number of pounds avoirdupois, when in reality that is no standard to go by. Too many children are thus defrauded of their childhood, and who is prepared to answer to such a charge, by and by, when it shall be brought against him ?—*Good Housekeeping*.



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

MARCH, 1891.

No. 76.

A CALL has been issued for an International Congress of Hygiene and Demography, to meet in August next, at London. This promises to be a more than usually important gathering, and its work will engage the attention of all who take an interest in the various questions which concern the health and development of the individual, the family and the nation. Previous congresses of the same nature have been held, the last (at Vienna) having been attended by about 2,000 members, representing nearly all civilized countries. The call for this one has among its signers the Duke of Westminster and the presidents of several of the leading English scientific societies. It will be presided over by the Prince of Wales. Delegates have already been appointed by numerous scientific bodies and universities. "Demography" is a word of comparatively recent coinage, and is defined in Webster's new *International Dictionary* as "the study of races, with reference to births, marriages, mortality, health, etc." If some public-spirited citizen would see that every delegate was supplied, from now until August, with the issues of *BABYHOOD*, we venture the guess that all would become familiar with facts relating to that large proportion of the race now occupying cribs and high-chairs, which they could hardly obtain elsewhere. Be that as it may, it is interesting to see that of the six leading topics to be discussed, one is the "Hygiene of Childhood"; and all the others bear more or less directly upon matters connected with the health of the home, which also means the health of the baby—in most well-regulated families. It is encouraging to note the increased attention which is being given, by scientific assemblies, to nursery health as one of the most important factors in the welfare

of the race—a theme which *BABYHOOD* was established specially to preach.

There is a widespread notion that very many of the ills to which we are heir are due to exposure to cold outdoor air, and that our colds, catarrhs, not to say our pneumonias and pleurisies, etc., are caught while out of doors; or that out-of-door air is a source of danger as compared with that which is indoors. We need only consider for a moment, however, to see how erroneous it is to prefer the foul to the fresh. The one is overheated and laden with dust and bodily exhalations, while the other is pure and life-giving. Those who suffer most from respiratory diseases are not those who are most exposed to outdoor influences, but are rather those who love an indoor life. Consumptives are most numerous in centers of population. Lung troubles are more frequent after the middle of November, but may not this be explained by the fact that winter is a season of indoor life? Benjamin Franklin said: "I shall not attempt to explain why damp clothes are more apt to cause colds than wet ones, because I doubt the fact. I suspect that the causes of colds are totally independent of dampness or even of cold." We may not be willing to go quite so far as this, but we should appreciate the dangers to health that lurk in our close-fitting windows and artificially overheated apartments.

The graces of home conversation are too little regarded. Children require perpetually new ideas; and if parents could be made to know that the little prattlers will learn with pleasure from their lips that which by and by will seem drudgery to study from books, most families would give more

thought to social argument. Every child receives an unconscious mental training, and always in accord with the mental activity and mental store of knowledge which emanates from the household of which it is a part. Listening daily to the conversation of intelligent people would compensate the childhood of a precocious youth deprived of many educational advantages; while, if blest with all of these, and yet compelled to live daily a dull, silent and uninteresting life, a vacuum would be created which in later years might not be entirely filled. Parents who reserve for company their best thoughts, and live a silent, inactive life at home amongst their children, are not aware of the great wrong they are doing. If they have not sufficient for both, let them use what they have for their own household. Let us then cultivate to the utmost all the graces of home conversation.

The subject of child life insurance is being much discussed in England, where the system is very generally made use of; and the wide extent of it, as shown by recent statistics, is surprising. It is not to be denied that although the system has excited widespread suspicion and distrust, it has, notwithstanding, some sincere and influential advocates. The Bishop of Peterborough, Dr. Magee, says that child-insurance is "an incentive to child-murder," and Mr. Justice Day speaks of child insurance companies as "those pests of society." On the other hand, there is no lack of testimony in their favor. While there is little doubt that the insurance money to be received on the death of a child would be to the vicious and abandoned a decided temptation to murder through abuse and neglect, yet there is also little doubt that, in encouraging regular weekly savings, to provide thereby for an event that comes sooner or later to us all, it may have a beneficial influence. There is much of truth in both views of the matter, and it would be well if the advantages of child-insurance could be achieved without incurring the possible evils. Mr. Waugh, the author of an article in the *Contemporary Review* upon the subject, urges the forming of burial

clubs, in which the fees would go to the undertaker instead of to the parent; and it is his opinion that were this done, full opportunity would be furnished for insurance, while all incentive to crime would be removed.

It is commonly believed that the most welcome of all first babies is the boy; and we have all heard mothers whose "quiver is full," express their thankfulness in no uncertain tones, that "my children are boys." The desire for a son is entirely natural, but the wish for a daughter would seem to be one peculiarly near to every woman. Boys become independent as they grow up, growing year by year further away in their interests and sympathies from the mother's side; but the daughter is the mother's companion in a far more intimate sense than the boy is his father's. And as years pass by, while changes and separations will come, the feeling of the mother toward her daughter but deepens and strengthens. Not that she loves her more than her son, but that she loves her differently. A mother of boys alone cannot have the harmonious development possible to one having girls as well as boys. She may not miss it in herself—very many do, however—but it will be none the less a fact.

The Russian Ministry of the Interior has issued an ordinance to all railway officials prohibiting the "further" packing of small children (literally "sucklings") in baskets, to the number of eight in a basket [!], and forwarding them to foundling houses in the great towns as hand-luggage. "This abuse," says the circular, "is no longer to be tolerated, since it involves a serious injury to the health of the children, and is also an attempt to evade the regulations for the carriage of passengers by rail." This combination of moral and commercial reasons reminds one of the somewhat cloudy ethics taught in the old nursery rhyme:

"But the fruit we will not pick,
For that would be a naughty trick,
And very likely make us sick."

No "children under five years, free" in the Czar's dominions hereafter.



INTESTINAL WORMS.

BY L. M. MICHAELIS, M.D., NEW YORK.

THERE are few of the minor afflictions of childhood concerning which such diverse, and, at the same time, erroneous, views exist in the minds of mothers, as we find expressed by them relative to intestinal worms. One pays almost no attention to them, or regards them only as an unavoidable evil which will disappear in time, while another runs to the opposite extreme, and worries not a little about the child who may happen to be the unwilling host of one or more of the uninvited guests. As a rule, the little victim endures but a more or less extensive period of discomfort and annoyance; and while this holds true in the vast majority of cases, the fact must not be lost sight of that occasionally actual suffering and illness, and, in fortunately extremely rare instances, even death itself, may result from the presence of the parasites.

Principal Kinds.

There are three principal varieties of intestinal worms: the tape-worm, the round worm and the pin-, thread-, or seat-worm. Of these, the commonest in children is the round worm, which infests the small intestines; next in frequency is the pin-worm, found in the rectum and around the anus; and least common of all, though not specially rare, is the tape-worm.

The mode in which they gain access to the human body varies. The embryos of some are found in pork or meat, and this, on being eaten in a raw or insufficiently cooked condition, is digested away from the embryos, which are themselves unaffected by the digestive juices, leaving them free in the intestinal canal, where they at once take up their abode and proceed to develop. The eggs and embryos of others are swallowed with uncooked vegetables and in water.

Round Worms.

The round or lumbricoid worm is the least harmful of all. The number present in the intestine varies from a few to several hundred, one case being reported in which no less than a thousand were found in the one individual; but such a vast host, luckily for our children, is not the rule in other than tropical climates; they are seldom found alone, however, five or six being the usual number. As its name implies, the worm is round, varying in length from six to twelve inches, yellowish-red in color, and tapering to a point at each end, the head presenting three little knobbed excrescences. The eggs are exceedingly minute, yellowish, opaque bodies, which cannot be detected without the aid of a microscope.

Curious as it may seem, a child may harbor a very large number of these parasites, and yet present no symptoms whatever. On the other hand, when symptoms do appear, they may present extreme diversity in character and severity; thus, one child may simply have some slight digestive derangement, while another will suffer the severest nervous disturbances. These worms, as well as the others, give rise to no symptom or symptoms by which their presence may positively be asserted. We may strongly suspect their existence, but are never sure till either the worms or their eggs are found in the dejecta. Among the symptoms pointing to their presence, irregularity of the appetite is a common one. The child may, however, eat as well as usual, but complains of uneasy sensations in the abdomen, or of slight, or even very severe, colicky pains. Usually the bowels are out of order, diarrhoea of a slimy mucous character being very frequent. Inasmuch as the nervous system becomes relatively less sensitive

as we grow older, the effects of the parasites on this system are more marked the younger the little patient is. At night the child tosses and twists around in bed, its rest is disturbed, and it frequently cries out and grinds its teeth in its sleep.

Occasionally there is itching of the nose, though this is by no means so positive a symptom as it is generally supposed to be. The pupils are apt to be dilated. Vertigo is sometimes present, and in very young children nervous twitchings and hysterical convulsions, somewhat resembling those of epilepsy, at times, though rarely, occur. As a rule, however, the patients present but very few symptoms, and the first warning we have of the presence of the worms is on discovering them in the stools, or on detecting one crawling from the anus, the mouth or the nose.

The dangers that may arise from the presence of these lumbricoid worms are owing entirely to this crawling propensity possessed by them. They may crawl into and obstruct the ducts leading from the liver and pancreas into the intestine, or they may go on into these viscera and there give rise to abscesses, thus endangering the life of the patient. So also, they may wander from the intestine up through the stomach and gullet; and then it occasionally happens that, instead of leaving the body by the mouth or nose, they slip into the respiratory passages, become caught in the larynx, and the child dies of suffocation; they have even been known to pass down through the larynx and trachea into the lung, setting up changes leading to gangrene in that organ, and the consequent death of the child. Happily these fatal results are most rare, and are simply mentioned so that they may be guarded against by ridding the child of the parasites as soon as their presence is discovered. The treatment will be discussed later on.

Pin-Worms.

The pin-worm, or oxyuris, as it is technically called, is very small and thin, measuring from one-twelfth to one-half an inch in length. It is round, with each end pointed, the head being somewhat blunter than the tail. In

color it is white. As soon as the egg is hatched in the body, the young worm finds its way high up in the intestine, where it begins to grow. Then it gradually travels further down in the canal, and when fully developed it crawls still lower, and reaching the rectum it deposits its eggs in the mucus and in the folds of the membrane about the anus. These in their turn are hatched, and the young worms are left to go through the same migrations.

The symptoms caused by the pin-worms, though now and then absent, are usually quite pronounced. The appetite is much disturbed, there being either a marked diminution, or as well marked an increase, in the desire for food. The bowels, too, are very irregular, the patient being decidedly constipated, with foul stools, or troubled with an annoying diarrhœa. The nervous symptoms are similar to those caused by the round worms, but as in this case we have a much greater amount of irritation, they are correspondingly increased in severity.

This irritation consists of a troublesome and, at times, an almost unendurable itching in and about the anus, most marked when the child is warm in bed. The little patient scratches and digs at the parts in its endeavors to rid itself of the pest, and this scratching gives rise to an inflamed, often an eczematous, condition of the skin, which in turn increases the trouble that the scratching sought to allay. In female patients the worms frequently crawl from the anus into the vagina, and produce an irritation or inflammation there with its attendant itching and leucorrhœal discharge. By no means an imaginary danger is the tendency to masturbation caused by the handling of the genitals and their inevitable congestion.

Although the worms do not directly affect the nutrition of the patient, yet through the loss of sleep, the capricious appetite and the nervous disturbances, the little sufferer may become pale and peevish and lose flesh and strength. The diagnosis can always be made by searching the parts for the worms which are invariably present, but they are so small that unless this is carefully done they

may easily escape detection. In some cases after the patients have scratched themselves, the eggs have been found under the finger-nails; and as a child is naturally less cleanly than an adult, and the fingers are being constantly introduced in the mouth, the otherwise inexplicable persistence of the parasite, in spite of vigorous treatment, can in this way be readily understood.

Tape-Worms.

The tape-worm, or *taenia*, differs both in its form and the manner in which it reaches the body from the two varieties already discussed. It is white, many feet in length, flat and made up of a series of segments, each of which possesses the power of reproduction. The head is quite small, about the size of a pin-head, and is joined to the body by means of a constricted unsegmented neck. The eggs are devoured by domestic animals, chiefly the hog and the ox, and the embryos are found as small cysts in their flesh. Pork thus affected is commonly known as *measly*. When introduced into the human system by eating raw or poorly cooked meat or pork, as in pork sausages, the embryo becomes fully developed, and takes up its habitat in the intestinal tract.

The symptoms caused by the parasite are all referable to the nervous system. They closely resemble those described as produced by the lumbricoid worms. The disturbances of sensation are more marked, though, and the patient complains of feeling a ball in the abdomen, or of being sensible of the worm's movements. The abdomen is often distended with gas. The appetite presents the same irregularity described above, and often we find pain about the navel which is allayed by eating. At the best, however, the symptoms are but vague, and we can only be positive in our diagnosis on finding cast-off parts of the worm in the stools. Washing the *fæces* several times leads to their ready discovery. In the opinion of most investigators the worm dies after all but the head and neck has been expelled; but, as we can never positively assert that this has taken place, it is wise to continue treatment till the head comes away,

The stools must be very carefully examined for this, as it may readily be overlooked. As long as any of the segments remain in the body a new worm may form. The dangers of the tape-worm have been most frightfully exaggerated in the popular mind. At most, they cause but more or less nervous distress; even this may be entirely absent, as is proved by the large number of cases in which the worm has been harbored unsuspected and only discovered on its accidental expulsion.

Remedies.

There are two classes of remedies which may be used: vermicides, which kill the worms; and vermifuges, which drive them from the body. The vermicides may be given by the mouth or applied locally. Only in the case of pin-worms, and then but as a local measure, should the vermicides be administered by any other than a physician. The vermifuges, on the other hand, may be given by the mother; and of these the best, and one which can always be safely used, is castor oil. This frequently suffices to expel lumbricoid worms without the need of any further treatment. Usually, however, the round worms require more vigorous measures, as they must be killed before they can be driven out. Tape-worms, too, demand energetic treatment at the hands of a physician.

Pin-worms are best removed from the rectum by giving an enema, either of infusion of quassia, or of a weak solution of quinine, or of water in which garlic has been boiled; these should always be preceded by an enema of plain water to wash out the bowel. It must not be forgotten that, although this may give temporary relief, the cure will not be permanent unless the young worms high up in the intestine are killed with some vermicide; otherwise they will travel to the rectum as soon as they mature, and cause a repetition of the symptoms. The skin around the anus may be smeared with mercurial ointment. Should the vagina become affected, this may be syringed out with the same fluid that is used in the rectum, care being taken in young children never to introduce the ordinary hard-

rubber nozzle, lest the vagina be injured, but to use a soft-rubber tube which can be slipped over the end of the nozzle. The hands and nails of the little ones must be constantly attended to, in order to prevent the auto-infection spoken of above.

In conclusion, we would advise great care both in filtering the drinking-water, and in thoroughly cooking all meat, pork and vegetables which the children are to eat, for here, as elsewhere, the proverbial ounce of prevention is fully worth the pound of cure.



THE UVULA, AND ITS DERANGEMENTS IN CHILDREN.

BY ELIZABETH STOW BROWN, M.D., NEW YORK CITY.

AS you look into the throat of a child, you see falling between the tonsils a little finger-like projection hanging from a movable curtain above. The soft and quivering curtain forming the back part of the roof of the mouth is the soft palate; and the projection below, rising and falling with respiration or the voice, is the uvula (from *uva*, a grape). The soft palate forms an incomplete partition between the mouth and the pharynx or throat. It consists of a fold of mucous membrane inclosing muscular fibers, fibrous tissue, blood vessels, nerves and mucous glands. The uvula also is covered with mucous membrane, and has two small cylindrical muscles running side by side in its long axis, whose action is to draw up, shorten and thicken the organ. The boundaries of the opening into the throat are completed by the tonsils on either side and the tongue below.

Act of Swallowing.

When the mouthful of food is ready to be passed on into the pharynx or throat, it is pressed through the opening by the rising of the tongue, the pressing of the tonsils inward and the drawing downward of the soft palate, while the uvula is pushed upward.

Act of Making Sounds.

In singing and in speech the soft palate and uvula are contracted or relaxed in association with the action of the vocal chords, according as the sound to be made demands the resonant cavities of the throat and mouth to be narrowed or widened.

In singing, the soft palate becomes contracted and tense during the production of the higher notes; but the contraction is the same for a note of given height, whether it be falsetto or not. The action of the muscles is an associated one with the action of the vocal chords. The increased tension of the soft palate in the production of the higher notes probably strengthens the resonance. This resonance is essential to the production of the natural human voice. Under ordinary circumstances in the formation of low notes, the soft palate is fixed by its muscular fibers, so that the column of air reverberates both through the nose and pharynx and through the mouth and pharynx. But as the notes ascend, the contraction of the soft palate increases and narrows more and more the entrance to the nasal cavities. At the same time the resonant cavity of the mouth and pharynx are made smaller, but are freely continuous to the column of air forced out of the larynx. Simultaneously with this action the tongue, a very important organ to singers, particularly in the production of high notes, is drawn back into the mouth. In these changes in the pharynx demanded for the production of different notes, the uvula acts with the soft palate and assists in the closure of the different openings, somewhat as a "shut-off" valve. When the voice passes into what is called the head-voice, the soft palate is drawn forward instead of backward, the uvula being drawn forcibly up, and the resonance takes place chiefly in the naso-pharynx, rather than through the mouth.

In the Speaking Voice and in Respiration.

In speech and respiration the actions of the soft palate and uvula are less pronounced, but they have regular movements associated with the action of the vocal chords. The tension, consistency and flexibility, as well as the integrity, of the partition between nose, pharynx and mouth, are important to the proper production of speech and respiration.

From what has been said it may be inferred that in the uvula deviations from the normal, in respect to size, flexibility, contractility or unison of movement with the vocal chords, would show some alterations in the singing and the speaking voice and in respiration. Inflammations may be caused by cold or by irritants to the mucous membrane of the mouth. The inflammations may be limited to the uvula, or may involve surrounding structures; they may also belong exclusively to this organ, or they may be symptomatic of measles, scarlet fever or diphtheria, whose first signs appear upon the uvula and soft palate. If an acute catarrhal inflammation be repeated or prolonged, the chronic condition supervenes, which is associated with structural changes. The ordinary result is enlargement and relaxation of the uvula, which involve lessening or loss of contractility and sensitiveness of the organ.

Symptoms.

This condition gives rise to well-marked

symptoms. There is the sense of a foreign body in the throat, which the patient is continually trying to swallow; there is more or less difficulty in the act of swallowing solids, and attacks of suffocation, as well as *laryngismus* or *false croup*, at night may occur. Disturbances of speech and of the singing voice may occur with this elongation and thickening, but are not so marked as when the paralysis occurs which is most often seen as a sequel to diphtheria. If the function of the uvula as a "shut-off valve" (acting with the soft palate), as well as a vibrating structure, be interfered with, the voice assumes a duller, heavier character, and a nasal sound is given in the pronunciation of all the consonants. Should the uvula become perforated, a nasal tone also results, but with a difference from the nasal tone of the paralyzed uvula.

Attention of mothers should then be attracted by any dull, nasal or heavy tone of voice in a child not previously so affected; and also to the interference with swallowing, and attacks as if of suffocation. An inspection of the throat should follow, facility in holding down the tongue with a spoon being soon acquired. If the uvula is swelled or too long (resting on the tongue), or deviates to one side (paralysis), the attention of a physician should be called to the condition at once, that appropriate measures may be promptly used for its relief.

THE SIZE AND WEIGHT OF INFANTS AND CHILDREN.

BY MORRIS MANGES, A.M., M.D.,

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"The average weight of the new-born infant is about seven pounds. This average is liable to great variations; yet most of the stories of remarkable babies are exaggerations. Twelve pounds is a very great and unusual weight at birth. In over 4,000 births at the Paris Maternité only one case weighed 13½ pounds."

IT would be well if the proud parents of the conventional "twelve-pounders" ("weighed by the nurse or doctor," as we are always assured) would ponder over this quotation from a very well-known medical

treatise. This is only one of the many misconceptions which are prevalent concerning the weight of infants and children. Just such errors make mothers unhappy; they think that the baby is not thriving as it ought; something must be done; the food is changed; various family remedies are resorted to—of course, all to no avail, except, perhaps, to make the child really ill.

Actual standards, by which the weight and

size of an infant at a given age may be determined, do not exist. We can only utilize averages obtained by examining large numbers of children at different ages. These figures, however, must be used with judgment. All children are not alike; they differ among themselves just as do all the members of the various species about us. The influence of climate, race and heredity must not be forgotten. Furthermore, what is a trifling gain or loss to one child may be very significant in another. We must also bear in mind that a large size or a heavy weight is not necessarily a sign of good health. The tall, slender child who is growing too fast, and the fat, chubby babies with rickets, are cases

length. Boys are a trifle larger and heavier than girls. During the first week Baby is having a hard time; it must learn to keep house for itself; it must breathe for itself, keep up its bodily temperature, and must learn to assimilate its new diet. Need we then wonder that in the first four days a baby loses about six per cent. of its weight? But by the end of the week this loss is almost made up, and now the gain is very marked, so that at the end of the fifth month the weight at birth is doubled; after that, by gaining one pound per month, this original figure is trebled at the end of the first year.

The increase in length is not so marked; the infant is always carried in a more or less

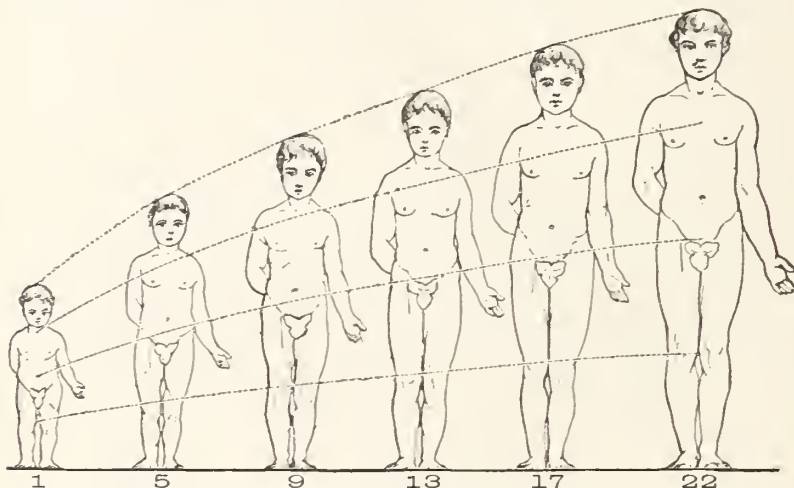


Diagram showing proportionate growth of different parts of the body at various ages from 1 to 22 years. Dividing the height at one year into four equal parts, the dotted lines show, for example, how the relative size of the head is diminished in the adult, etc.

in point. The size and weight must correspond; we must also note *all* the functions of the body—the circulation, the complexion, the digestive system, the activity, etc.; all these factors must be considered in judging a child's condition, and one or two must not alone be utilized, however important they may be.

Normal Rate of Growth.

Bearing these few points in mind, let us see what are the differences in the size and weight of children from infancy to puberty. New-born infants average about seven pounds in weight and twenty inches in

bent attitude; thus the full length is not apparent till the child begins to walk. During the first year about eight inches are added, so that the stature is twenty-eight inches.

During the second year a healthy child ought to gain about four and one-half pounds; in length, the same number of inches. The next year four pounds and four inches are respectively added. During each of the next six years the child ought to gain about four pounds, and two to three inches. After the tenth year the rate is increased; and now the difference between

boys and girls becomes marked, but the consideration of these lies beyond our province.

Growth is not Uniform

even in health; like plants, children appear to grow more in spring and summer than during the rest of the year. More is gained during some months than in others; thus, the greatest gain in the first year is during the second and fourth months. It is somewhat retarded by teething and weaning. Besides being disturbed by intercurrent diseases, especially of the digestive system, a marked difference is manifested under various methods of feeding. Suckled babies grow much more rapidly than do those which are "hand-fed," not alone because their food is that which has been adapted to them by nature, but also because they escape so many disturbing factors among the "substitutes for mother's milk." But parents will probably be surprised to learn that this difference persists long after both classes have been placed upon the same diet; for it has been proven that at the fourth year suckled children average four or five pounds more than their less fortunate "brethren."

All parts of the body do not grow alike. In the infant the head and upper extremities are much larger proportionately than they are later on in life; the lower extremities predominate over the upper after about the thirteenth year. The large size of the infantile head is due to the great size of the brain; it is nature's device to solve the problem of the early closing of the fontanelles.

Even the various tissues present great variations in the rate of growth, so that the proportions which exist in children are often

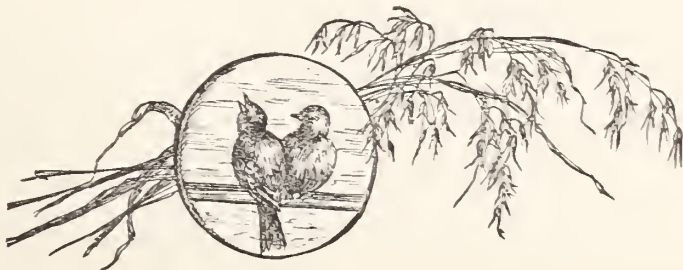
reversed in adults. Thus the brain constitutes 14 per cent. of the total weight in infants, but only 2 per cent. in adults. On the other hand the muscles grow from 23 per cent. in infants till they are 43 per cent. in adults. The liver, kidneys, heart and a few other organs all suffer a loss, while the digestive tract, lungs and bones remain about the same in young and old people.

The rate of growth may be markedly influenced by diseases. The effect of acute maladies is well known, but the effect of chronic diseases may be so slow that it is apparent only on careful weighing. The onset of certain chronic diseases, like tuberculosis, is sometimes heralded by a gradual loss of weight without any apparent cause.

Systematic Weighing,

then, is of considerable importance, especially in the early periods of life; it is an easy way of obtaining much valuable information. It is a good plan to weigh infants and young children every fortnight, provided we can overcome the superstition which often prevails against weighing infants. The weight should be noted in a book. The slot weighing-machines which adorn so many of our street corners are well adapted for this purpose, provided clothing of nearly the same weight be worn on such occasions.

But we would repeat the warning not to lay too much stress on the weight alone; a stand-still for several weeks, provided there is a corresponding excessive growth later on, has no significance. Even in health our bodies are continually changing; there are ups and downs, which may be occasionally exaggerated.





THE IDEAL NURSERY.

BY ISABEL R. WALLACH.

AN ideal nursery, like other ideals, may not always be immediately attainable, but by keeping its principal features constantly in view, and by continually directing one's energies toward the desired end, that which at first seemed impossible is often accomplished, at times almost before one is aware of it.

The ideal nursery is a room reserved exclusively for the children, and arranged solely for their especial welfare and comfort. Good light, good ventilation, genial warmth and adequate protection from the dangers of open fires, open windows and stairways are absolute requirements.

The Walls.

The walls should be painted, not hung with paper, in order to permit of frequent and thorough cleansing, and if possible, wainscoted with some light-colored wood; where woodwork is too expensive, a width of cretonne can be carried quite around the room, and, reaching from the chair-rail to the base-board, serve the purpose of protecting the plastering from injury, equally well.

Pictures of a bright and happy nature, dealing chiefly with child-life, should be plentifully provided; in hanging them, the fact that the line of a child's vision is lower than our own should not be forgotten. The large illustrations that occasionally appear in the juvenile periodicals are often appropriate, and in lieu of a better frame, they can be pasted to a mat cut from a sheet of manilla paper, and tacked into position upon the wall.

If on the watch for them, one can frequently find excellent little pictures issued gratis as advertisements. One such, advertising a brand of infant's food, always excited much lively interest in a certain nursery. It

represented a stork's nest well filled with babies, and the great stork himself preparing to deliver one of his precious charges. Which one would be next taken was an ever-present question with the children; and the cunning little ducky seated so comfortably amongst the others, silently declaring the equality of man, was an object of special affection.

Heat and Light.

A grate fire is preferable to either stove or furnace heat; where the latter must however be employed, a vessel filled daily with fresh water should always hang before the register or rest upon the top of the stove. A metal screen, completely surrounding the stove or open fire, is a necessary precaution. Gaslights must be protected by glass globes, and kerosene lamps, if these are used, should be placed beyond reach.

Give the sunlight free access; the oftener a room is flooded with the health-bringing rays, the better will it be for its inmates. Heavy drapery should never be admitted into the nursery, except across a draughty doorway. Dark green shades and awnings at the windows are admissible, even desirable, during the heated term; but for the rest of the year let only the whitest of lace or muslin sash-curtains intervene between the windows and the room; these allow of the frequent washings that are necessary to free them from the inevitable accumulation of dust and other impurities. Every woven hanging is an ever-ready receptacle for dust and dirt, and the irritating particles soon find their way into the eyes and throats of the children, with the usual evil consequences; for this reason the deservedly popular Japanese bamboo and bead curtain is the ideal window hanging. While

freely admitting the sunshine, it tempers the glare, and, gently swinging in the breeze, it proves a source of unceasing amusement to the little ones.

A hammock slung across a roomy corner affords a safe and comfortable resting-place for the baby during his daily nap; for it is understood that the ideal nursery contains neither crib nor cradle, these belonging in the sleeping-room, an apartment entirely distinct from the one here described.

The Screen.

Some sort of screen is nowadays to be found in every nursery; its value in shutting off any excess of light, heat or cold, and the efficiency of its aid in ventilation are so generally recognized, at least among BABYHOOD readers, that it is useless to dwell upon these qualities. It may be a bought one, heavy with ornamental embroideries, or it may be of home construction; covered with stout linen or cretonne, and provided with plenty of pockets, it can be made to do yeoman duty, serving as a holder, safe and roomy, for tops, balls, scrap-pictures, bits of string, small toys and the countless other trifles that help to litter the nursery, and yet are too precious to be thrown away.

The Floor.

The floor, after being smoothly planed to prevent splintering, should be stained and then coated with shellac. A carpet covering the entire floor is undesirable, because of the inconvenience attendant upon the necessity of frequent airings; rugs or druggets are therefore more practicable, and the annoyance caused by their occasionally becoming stumbling-blocks to the children can be obviated by sewing rings to the corners and edges that are inclined to curl over, and catching them into screw hooks of the smallest size, fastened firmly and at close intervals to the floor. Shelves, rising from the floor to a height within easy reach, might be built against one of the walls; here the bulky toys could be stored, the animals, stables, building blocks, etc.; a cretonne or a silesia curtain falling from above can, whenever desirable, completely screen them from view.

The higher shelves could be utilized for the books.

The Furniture.

In selecting furniture for the room, choose the various articles with an eye to the comfort to be derived from them, rather than to their harmony with the fashion that chances to prevail. Let neither leather furniture nor oil-cloth floor-covering find an entrance; many a case of rheumatism has been traced to their pernicious effects. Choose chairs and tables with well-rounded corners. Provide hassocks and low chairs for the younger ones, and if a rocking-chair be needed, see that the tips of its rockers are wrapped with felt; otherwise they are apt to seriously bruise knees and ankles.

A low kindergarden table is a source of pleasure as well as of comfort to the little ones; it makes a convenient desk during the study hour, it promotes the enjoyment of the Froebel gifts, and when dolls' parties are in order it serves the purpose of a cozy little dining-table.

The Windows and Stairways.

Window guards of some sort are indispensable. They require frequent and careful inspection, for even the safest fastenings wear loose under the action of wind and weather, and unless as reliable as they profess to be, they are far more dangerous than none at all. In certain localities the severe winters render double windows particularly desirable; these may not always be practicable, and secure weather strips are then used to shut out the unwelcome cold. Generally speaking, it is safer to keep the children from playing too near the windows in cold weather.

A gate hung across the entrance to the stairway is the best safeguard, particularly when provided with a spring hinge which causes it to fall back into place; the knob which serves to unlock it is placed on the side toward the stairs, out of Baby's sight as well as reach. A similar gate can be hung across the nursery door to prevent unprivileged exit. Gates for this purpose are now to be had ready-made, at many toy and house-furnishing stores.

BABY'S WARDROBE.

Costly Bibs.

THE babies are to be congratulated on the fact that while Fashion pays them more attention than we wish it did, it does not always appear to be lying in wait to make them its prey, as it does with their elders. There is not always something new for Baby's use; but, when there is not, Fashion seems delighted to so elaborate the old things as to make them hardly recognizable for their original purpose. At this moment that very practical article the bib has become a matter of elegance and cost, quite beyond anything ever intended by the first mother who put strings to a napkin, and tied it about her baby's neck to prevent the fast-flowing saliva from soaking its frock. The finest of embroidery, the daintiest of lace, the most filmy of lawn and cambric, as well as piqué, combine to make bibs as beautiful as they would seem to be useless. Still, they find purchasers at prices ranging from 25 cents to \$5 and \$6 apiece, the latter usually being chosen as gifts by persons practically unacquainted with the real needs of infants.

Girls' and Boys' Frocks.

ALTHOUGH there is still very little difference in the dressing of boys and girls up to four years of age, still a good many frocks made with special reference to boys are cut with jacket fronts, fitted in at the shoulders and under the arms, and hanging loose from the collar over the customary waist. In many cases the skirts are gathered to the large cord which finishes the bottom of the waist, although where the material is at all thick the skirts are always plaited. In the skirts of girls' frocks there are often two or three tucks, which are a great help in making them last; but in boys' skirts the tucks are omitted for no conceivable reason, as boys certainly grow quite as rapidly, and are usually harder on their clothes than girls.

Wool Fabrics.

THERE is a tendency to make dresses for toddlers more and more of wool, and even for summer wear the washable flannels of mixed cotton and wool, light both in weight and color, will be much used. These materials are pretty to the eye, not warmer than starched cottons, and much more easily managed in the laundry, a point not to be

ignored in most households. They are made after the fashions of ginghams and cambrics. If washed in very hot water and ironed while still rather damp, they shrink very little, and look almost as well as when entirely new.

Concerning Sleeves.

IT will be found in making frocks, both long and short, to be worn over the Gertrude suits of flannel, that sleeves, fulled into a band around the wrist, are much more convenient as well as becoming than the plain straight sleeves with up-turned cuffs, so much used of late on baby dresses. The expansion of the fullness of the sleeve is a great help in slipping all the sleeve on at once.

It is curious how unnecessarily short the sleeves of indoor sacques are apt to be, especially in those knitted or crocheted. Often, while the body remains quite long enough for comfort, the sleeves will have retreated above the elbows. The growth of a child's legs and arms always seems disproportionately great, yet proper provision in their garments is not often made. Consequently they present a needlessly "outgrown" appearance. In the beginning, a little extra length, easily pushed together for a few wearings, is a great help in making a sacque last in looks, as well as usefulness.

The Bargain Counters.

AT this time the shop counters are full of remnants of all sorts and kinds of goods suitable for children's garments, which may be bought for much less than the ordinary price of the same materials. While nothing is cheap that we do not want, or are not likely to use, it is sometimes good management to buy and lay away for another season what we believe we shall then need, when it may be had at a considerable reduction from the usual market rates. Forehanded mothers already begin to plan the wardrobes for next summer, and take note of the two and three yard remnants of gingham and cambric and percale, of which two can now be had for almost the price of one in the spring.

The Baby's Band.

WARM cashmere bands for little babies—to be found in most infant furnishing departments—are, on the whole, more satisfactory than knitted

ones. Being ribbed, they are sufficiently elastic, and are, at the same time, firmer and more supporting to the weak little abdomens than those made by hand. They fill a place between the flannel bands of the first weeks, and those of Saxony yarn, which big babies need for warmth but not for strength.

Moccasins.

NOTWITHSTANDING objections, suggested by a recent correspondent of *BABYHOOD*, to the use of moccasins as first shoes, they find much favor with mothers who do not like to go directly from wool socks to kid shoes. Moccasins of chamois skin,

while very soft to the feet, do soil easily, and are very unsatisfactory to wash or cleanse. But moccasins made from the finer kids used in shoe finishings are, on the whole, the best intermediate foot-coverings to be found in the shops. They are readily made by any one used to sewing, and when made at home can be formed with more nearly square toes than the conventional pattern has, thereby more readily conforming to the natural shape of the little feet. It is singular how seldom any shoe, for any age, is formed with reference to the shape of the human foot. And the most untiring search rarely discovers a properly shaped shoe for very little children.



NURSERY PROBLEMS.

QUESTIONS OF DIET.

Vegetables.

To the Editor of BABYHOOD :

I read with interest the article in November on "Vegetables as Food for Young Children," and would like to ask a few questions upon the subject.

(1) Is *boiled* celery more easily digested than when uncooked?

(2) Is not the raw tomato easy to digest if given with only a sprinkle of salt? My children enjoy it so, and I had supposed it simpler than when stewed, as the acid seems less strong.

(3) Are tomatoes, when stewed with milk, suitable for children; about half a cup of milk being used to a pint of cooked tomatoes?

(4) Do not dried split peas, stewed with butter and salt, contain considerable nutriment; and are they difficult of digestion?

(5) I see no mention of beets in the article named; at what age may they be given, if well boiled?

(6) Ought not a child of eight years, who has been brought up in accordance with *BABYHOOD*'s ideas, to be able to digest a small quantity of parsnips, onions, carrots, etc., at dinner time? Of course only one variety at a meal.

(7) Is cabbage admissible at this age, and is not raw cabbage, with salt, more easy of digestion than boiled? The child is strong and well.

(8) Is cocoa a good breakfast drink for young children? Is not pure milk better? A. C. B.

Leaman Place, Pa.

(1) Yes. Uncooked celery is considered not very digestible, but in an adult's dietary it forms so small a part of a meal that it counts for little.

To a child of three or four a single tender slip, uncooked, may be allowed occasionally at the midday meal.

(2) We do not think the raw tomato as digestible as the cooked. If in any particular case—as of your children—you have found by experiment that the raw fruit does not disagree, there is no reason why it should be refused.

(3) Not for very young children ordinarily. Children of three-and-a-half to four may take them at midday, the effects being noted in each case and the continuance of their use being governed by these effects.

(4) They contain a good deal of nutriment; they resemble the cereals, but have more nitrogen and little fat. If the peas are thoroughly cooked until quite soft, they are usually digestible to a child able to chew well—*i. e.*, one who has its full set of teeth, and has learned to properly use them, that is to say, to properly mix the saliva with the food as well as break it up. Soft starchy food needs chewing, but is too likely to be swallowed without it.

(5) Beets require so much cooking that we generally do not admit them to the dietary of children young enough for *BABYHOOD*'s consideration. If very thoroughly cooked and finely cut up, probably at five or six years they can be digested.

(6) Perhaps ; it depends not only upon bringing up, but the natural strength, the peculiarity of the individual's digestive power. The vegetables mentioned, particularly the first and third, need to be very well cooked ; the tough central core of the carrot and the fibrous structure of the parsnip render them among the more difficult of digestion of vegetables. They all excite flatulence, and are not suited to a delicate stomach.

(7) Nearly the same remarks are applicable to cabbage. There are many individual peculiarities regarding the cabbage group, however, and we have noticed that for some the raw cabbage excited less eructation than the cooked. But we do not think this is uniformly so. Some persons eat cabbage with impunity, others with much distress. Hence, in giving it to a child, each time the results should be noted, such as whether or not flatulence, belching, rising in the throat, etc., occur.

(8) Yes; pure milk, warmed, is better for young children. By cocoa, we understand an unadulterated preparation of the roasted nut of good quality. There are all sorts of preparations on the market, varying from the costly chocolate down to the husks or shells, not to mention adulterated or spurious articles. For a young child the addition to milk of a substance rich in fat and nitrogenous substances—as is really good cocoa—makes a mixture in our judgment usually too rich, unless it be understood to be a food and not as a drink. Chocolate and bread would make a meal, if the power of digesting fat is good. The multitude of preparations of cocoa from which the fat has been more or less removed we do not discuss, as it would require a knowledge of each preparation.

Oatmeal; Sterilized Milk; Broths.

To the Editor of BABYHOOD :

(1) Will you please tell me if oatmeal, soaked and then strained before cooking, is harmful to give a baby ? Does it produce constipation ?

(2) Are there not cases where milk, sterilized, will produce constipation ?

(3) Is it harmful to give the two-thirds milk and one-third water without sterilizing, provided the milk is known to be good and fresh, though brought but once a day ?

(4) Will the milk be sufficient for a baby a year old ? She seems to crave something else.

(5) Would you give her mutton or chicken broth once a day, and ought this to be thickened ; if so, with what ? An early answer will greatly oblige
Minneapolis, Minn. A. R. W.

(1) We presume that a baby of a year—mentioned in (4)—is intended. If you mean that the uncooked oatmeal is to be strained after soaking

and the liquid part—little more than oatmeal water—is to be given to the child, it will not do harm ; certainly it will not constipate. If you mean to give so much of the meal as can be squeezed or rubbed through a strainer, everything depends upon the coarseness of the strainer. A child of a year cannot digest ordinary oatmeal porridge or anything like it.

(2) Yes, practically. That is to say, the milk, having been rendered unirritating by sterilization, no longer stimulates the bowels to the degree that raw milk did, and is constipating in the same sense that white bread is constipating as compared with coarse bread. To speak more accurately, we should say that sterilized milk was not laxative as compared with uncooked milk ; and so some infants become, temporarily, at least, more constipated than before.

(3) Milk is sterilized not because uncooked milk is surely harmful, but because it may be. Milk coming from a clean breast is usually sterile. Milk coming from a carefully cleansed udder of a cow may be such. But owing to the filth of the cow's hide, and often of the udders and bag, there is no certainty of the milk ever being sterile, or even free from visible dirt when it is in the pail ; and there is no possibility of knowing that it is "good and fresh" in a strict sense. It is true that in a great proportion of cases milk served by a careful milkman in cool weather, at a not too great distance from his farm, can be safely taken by a child. But in using it unsterilized, one must take the chances of perhaps getting now and then a meal that is not safe ; and the chances increase as the weather grows warmer. If one lives upon a farm in summer, there is less danger, but it is far safer to sterilize or boil the milk even then.

(4) Milk of good quality is adequate, but it will be proper and probably advantageous to give gruels also ; and

(5) The broths are quite admissible, with a little rice or barley well cooked in them, but it is not necessary to give them daily. Nor are they absolutely necessary at all.

Meat-Sucking.

To the Editor of BABYHOOD :

When is it advisable to give a young child a piece of beef to suck ?

MRS. E. M. W.

Riverside, N. J.

Unless suckling is unduly prolonged, we see no reason for giving any solid food before weaning. A chicken bone or a chop bone, it being made certain that there are no loose pieces of bone which may be sucked off and swallowed, is

sometimes admissible to be chewed upon, more as a substitute for a teething-ring than for nutriment. The giving of a piece of beef to suck is open to the objection that one cannot know how much or how large pieces of the beef will be swallowed; therefore our personal preference is not to give the beef until we are willing it should be eaten. This, of course, is after a year old, and often as late as a year and a half.

Changing from Condensed to Fresh Milk.

To the Editor of BABYHOOD:

Being an inexperienced mother of a boy baby eight months old, and unfortunately one of the mothers who cannot nurse her child, I ask your advice in regard to his food. Since he was two months old, I have been using "Borden's Condensed Milk," as cow's milk disagreed with him. I give him now one generous tablespoonful of milk to two and one-half gills of water, to which I add a sprinkling of salt. He thrives, weighs about 22 pounds, and has two teeth. I desire to change him to good fresh milk, because, as he grows older, he should require a stronger mixture, and I fear the sugar contained may do harm.

Mrs. J. S.

Scranton, Pa.

We think you will have no trouble in making this change. At first use the milk somewhat diluted. If you make the change at ten months, use at first two parts of milk and one of hot water. Sweeten only slightly, if at all. Very soon you can give a larger proportion of milk if the first mixture has been well borne.

Age and Weight as Standards of Feeding; Questions of Weaning.

To the Editor of BABYHOOD:

Now that Baby is progressing nicely—thanks for previous useful instruction—permit me again to trouble your "Bureau of Information."

(1) What do you consider a fair average weight for a healthy baby nearly six months of age?

(2) Shall a baby be fed a certain quantity of food, according to its weight or age—that is to say, should a robust six months' baby be fed on no more than a baby of same age but of less weight?

(3) Would you recommend oatmeal water for a constipated baby, and if so, how should it be taken and how frequently?

(4) Presuming my baby to be born in June and being fed on partly sterilized milk and breast, is it, then, advisable to wean the child before or after the second summer?

(5) At what age is it advisable to change Baby's food from the above, and what shall it consist of during the first period?

(6) What proportions do you recommend for sterilizing milk at certain stages of age or weight of Baby?

(7) Is it proper to allow Baby to sleep in its carriage in the open air?

H. A. R.

(1) About fifteen pounds.

(2) This is a somewhat disputed point. Age has generally been taken, but more recently some

urge that weight should be substituted as a guide. For ourselves, if but one guide is to be taken, we think age the safer by far when a child is not notably ill, in which case the diet would be arranged to suit circumstances. To give the reasons for this belief would consume a good deal of space. But in practice we consider both factors, and make allowance also for the fact that differences of appetite and requirements exist in infancy as well as in later years. The question is not between robust and feeble children, but between robust and fat (often rickety) babies, who are already usually over-fed, and who, if weight were the guide, must be still further stuffed.

(3) Usually we do. A thin gruel is made and used instead of water to dilute the milk at every feeding.

(4) Presuming also a child in ordinarily good condition, we should prefer to wean before hot weather.

(5) After weaning, keep on the sterilized milk through the hot weather, diluting less than now. After cool weather returns, say October, when the child would be sixteen months, cereals may be added to the dietary.

(6) If its milk is common milk—not Alderney or other unusually rich milk—at nine or ten months it can probably take two parts milk, one of water, and the proportion of milk may be increased quite gradually.

(7) Yes, in proper weather, if the attendant can be trusted not to expose it to the wind and to keep it warmly covered and protected.

SUNDRY TOPICS.

Daily Movements; The Bath; Hair Curling.

To the Editor of BABYHOOD:

May a much-interested new subscriber, who has her first little darling to cherish and care for, come with a few "Nursery Problems?"

(1) One that has proved perplexing is the matter of regularity in the action of the bowels. My baby girl of six months seems healthy in every respect, but I cannot get her regular in this particular. I try to get her to use her chair; but one day she may use it, the next have no action, and the next have one before she gets up in the morning. Does BABYHOOD think it is better to allow nature its own way (to a certain extent, of course) when the child seems healthy and strong, or is it better to use some means to cause an evacuation without letting it go over even so much as a day? I would like Baby to use the chair about half-past nine A.M.; sometimes when I might use a suppository for her I think, perhaps, nature will do the work later in the day, and not wishing to weaken the power of these organs by too much helping, the desired hour passes. I am permitted the privilege of nursing Baby entirely from the breast, and she has her

meals regularly every three hours through the day.

(2) At what age should there be a change from the three-hour system of feeding, and of what should the change consist?

(3) I have heard that some successful physicians do not consider it advisable to put a baby in a daily bath. Does BABYHOOD consider this too exhausting, or is there any other objection to it?

(4) My little girl's hair seems to be inclined to be very straight, and knowing that hair is often "trained" to curl, I would like to know what harmless method could be used to bring about such a result? S.

Wadesville, Va.

(1) In so young a child it is better to secure a daily movement. The suppository applied at a regular hour will induce a regularity of habit which will by and by—when a more general diet can be allowed (say after two years of age)—probably take care of itself, if it does not do so much earlier.

(2) After ten months you can perhaps lengthen the interval somewhat, particularly if she be weaned and the size of the meals be somewhat increased. Until weaning there is no change in kind, unless you are obliged to supplement the breast with auxiliary feeding.

(3) As BABYHOOD has often said, the "bath" and the "immersion bath" are not synonymous. A sponge-bath is probably as cleanly as the tub-bath, but the latter saves great labor to the mother, hence its general adoption. To a child of ordinary strength the immersion in water of proper temperature is not harmful, but probably advantageous; but it is not to be made a necessity in all cases.

(4) We doubt if hair can really be trained to curl of itself; it can be curled, of course, and the hair of many persons varies from straight to wavy according to temperature and dryness of the air and degree of moisture of the skin. When such a tendency is observed, it can be favored by favoring the conditions that produce it.

A Convenience for Ocean Travel.

To the Editor of BABYHOOD:

This summer I am anticipating a trip to England. The question of diapers for the use of my year-old baby arises. Can BABYHOOD suggest any suitable inexpensive material which can be used and then destroyed? S. C. S.

Park Ridge, Ill.

There are various kinds sold. One of the best known is Hartmann's woodwool diapers, which are very absorbent. They cost, each, about the same as the washing of a diaper by a laundress. If these are too expensive, probably a cheap

grade of cheese cloth, costing not more than three cents per yard if bought in quantity, can be used, and will be perhaps less expensive.

A Surreptitious Banquet.

To the Editor of BABYHOOD:

Will you kindly tell me through your columns what results would be likely to follow, if a child of two-and-a-half years should take the whole of a small-sized bottle of aconite pellets? The accident was not discovered for several days, but during that time the child was unaccountably irritable, waking every hour or two during the night, and crying out nervously, and being quieted with difficulty. Could this have caused the trouble? B. P. P.

Portland, Me.

Aconite is a powerful poison; but the preparations of aconite are very various in strength, and the amount contained in different kinds of pellets widely differs. But the kind that is generally sold to the public without special directions, can be swallowed in considerable quantity without marked effect. At all events the effects of the drug are promptly manifested, and unless the dose used were sufficient to produce decided early symptoms there would be no appreciable after-effect the next day. It is not probable that the drug had any effect in the case of your child; you would have discovered it quickly enough if any result had followed the eating of the pellets.

Night-Nursing; Soothing Syrups; Care of the Finger-Nails.

To the Editor of BABYHOOD:

(1) Will you kindly tell me, through your magazine, the time or age at which the nursing period should be extended beyond two hours, and at what intervals the child should be fed at the ages of three, six, ten, fourteen, eighteen and twenty-four months? My babe of two months nurses with great regularity every two hours during the night. How early may he be trained to sleep through the night, and what is the easiest way of accomplishing it? I dislike to hear a child cry for an hour or two, especially in the night, and am anxious to know if the desired result can be brought about in any other way. My babe is about two months old, nurses regularly every two hours, taking from twenty minutes to half an hour for it, then is as pleasant as can be for about an hour, after which time he is apt to be very fussy until nearly time for the next nursing period, just before which he often cries himself to sleep in my arms. As he grows fat and healthy, I cannot think that there is not milk enough for him.

(2) Is it best to quiet a child's cries in the arms, or make him lie in his crib, as many do? I always have held him after nursing and rocked him to sleep, unless the nursing itself put him to sleep.

(3) In traveling with an infant is there any harmless mixture that might be given to soothe its cries, so that fellow-travelers may not be disturbed?

(4) Will you kindly tell the best method of cleaning and caring for an infant's finger-nails?

(5) If one attempts to establish regular times for a morning bath, and for undressing preparatory for

the night, should a child ever be waked from sleep to carry out these rules, or waked to nurse at regular periods?

H. F.

Boston, Mass.

(1) The interval of nursing is usually extended beyond two hours at about the age of one week. From one to six weeks the interval should be about every two-and-a-half hours through the day, but there should be longer intervals at night. Here, for instance, is a schedule, the result of experience : 7, 9.30 A.M.; 12 M.; 2.30, 5, 7.30, 10 P.M.; 3 A.M. After six weeks the space can usually be made longer, probably three hours, with some night nursing. Most authorities recommend early cessation of night nursing (*i. e.*, between 10 P.M. and 6 or 7 A.M.); some as early as four months; and all that we can recall, six months. By six months, five, or at most six, nursings in twenty-four hours should be enough, if the breast is good, say 7, 10 A.M.; 1, 4, 7, 10 P.M. Too frequent nursing changes the quality of the milk, and causes states of the stomach that are more likely to cause crying than waiting could.

(2) It is much better to put the child into the crib. You will find it much harder to do this than you would have done at the start, but you can still do it if you choose.

(3) No. Efficient drugs are not harmless.

(4) Precisely as you would any person's, except that everything you use must be of the softest. Sponges, a folded corner of linen or a nail cleaner cut from a piece of soft erasing rubber. If the nails are long, trim them carefully with scissors, not too close.

(5) Not unless the sleep is unusually prolonged.

Dogs for Babies' Playmates.

To the Editor of BABYHOOD :

Would you kindly let me know what breed of dog you consider as the most trustworthy and faithful for the playmate of a child of two years or over?

Brookline, Mass.

MRS. E. B. C.

On this subject we cannot speak with the authority of a member of the Kennel Club, but we will give an opinion for what it is worth. First, we do not think a house dog a good playmate for a young child, or before the child is old enough to guard itself against certain dangers. These are not from any ill-nature on the part of the dog, but from the chance of its conveying certain parasitic diseases, notably the skin disease called ringworm; and less frequently or less unmistakably, intestinal worms. A little child fondles the dog and allows itself to be fondled, hence the communication of the skin disease. The intestinal parasites seem to come from allowing the

dog to "kiss"—*i. e.*, lick—the mouth of the person. When a child is old enough to treat a dog with kindness, but to keep it from undue demonstrations of regard, these dangers are lessened, although we have in mind a family in which the children have suffered many months from most obstinate ringworm acquired from a pet dog. These chances seem to us to outweigh the pleasure of having an affectionate animal about. But others will doubtless feel differently. So, to answer your question, we would say that an indoor dog ought to be of one of the smaller kinds. Our choice from personal predilection would be for some variety of terrier. Those that have seemed to us to be the best suited for the purpose are the fox terrier, the Yorkshire terrier or the bull terrier. The French poodle (*caniche*) is reputed to be exceedingly intelligent, but it is rather larger than we should recommend. Of course, a house dog must be very carefully looked after as to matters of toilet.

Bed-Wetting.

To the Editor of BABYHOOD :

Our little boy is three years old, and still wets the bed. We have denied him drink at his evening meal, and taken him up at ten o'clock, and often once again during the night, all to no purpose. We hardly think it can be a weakness, for, during the day, he is able to wait several hours. Can you suggest any way to help us break the habit?

San Francisco, Cal. AN OLD SUBSCRIBER.

The number of *BABYHOOD* for April, 1888, had an extended and quite exhaustive article on this subject. If you have that number you can refer to it. Among the commoner causes are : phimosi (tight foreskin), pin worms and certain disordered conditions of health. In some children bed-wetting occurs only occasionally, when they sleep cooler than ordinarily, or when a cold makes them more sensitive to bladder-irritation than is usual. The reason that bed-wetting sometimes occurs at night to children who have perfect control of their water by day, is not that there is a "weakness," but that during the unconsciousness of sleep there is no restraint upon the bladder, and when it is filled to a certain point it relieves itself. It may be, too, that by reason of the quietude, the activity of its skin is less than when the child is awake, and the secretion of urine proportionately increases in rapidity and amount. The position of the bladder in infancy and early childhood, as compared with later years, favors its prompt emptying.

Besides the usual precaution of putting the child to bed with the bladder already emptied,

and frequent attention which you already employ, and the ensuring sufficient warmth of covering, which you probably attend to, you would better look to see if the local conditions already alluded to (pin worms, phimosis, etc.) exist in this case.

Just recently we have noticed in a medical journal a suggestion which we repeat for what it is worth, having no personal knowledge of its efficacy. It is based on the anatomical cause of bed-wetting, and is simply to raise the foot of the bed considerably, so that the exit to the bladder being raised that organ will hold more.

Besides all these things, there are various medicinal remedies which can be employed, but the efficient drugs are all too potent to apply without explicit advice from a physician.

The Influence of a Nursing Mother's Diet on Her Baby.

To the Editor of BABYHOOD :

A friend of mine, who is also a subscriber to *BABYHOOD*, has a baby five weeks old that has colic quite severely. She wants to know what *BABYHOOD* thinks in regard to a mother's diet while nursing such a child. Will fruit and vegetables harm the milk any, and should she give up eating tomatoes and cucumbers, both of which she eats with vinegar?

There are so many who believe in eating everything, and others who think this injurious to both mother and child. If a baby is inclined to be colicky, wouldn't it be better to give up vinegar?

Media, Pa.

T. B. O. R.

This is one of the questions which cannot be answered by yea or nay, because the results of such diet seem to be different in different cases. It is well known that certain substances eaten are eliminated through the milk. One has only to taste cow's milk under certain circumstances to know this. Much, we believe, will depend upon the digestive power of the individual. We have never seen any mention of experiments which show whether or not the use of vinegar affects the acidity of breast milk. On general principles, we should suppose that it would form combinations in the digestive tract and would not affect the milk.

Our general rule in giving personal advice is to avoid everything which is known to be not easily digested by the mother, and especially to avoid all vegetables which have strong volatile flavors (onions, cabbages, cauliflowers, radishes, etc.) that are easily recognized in milk. The two vegetables mentioned belong to the doubtful list. But here is a word on the other side. If there be any doubt in the mother's mind, it certainly is

a trifling self-denial to lay aside these not very nutritious articles for a sufficient time, a week or more, to determine whether or not the baby is more comfortable when they are not eaten. If Baby does enjoy the change, they should be laid aside permanently during suckling.

A Substitute for the Nursery Chair Wanted.

To the Editor of BABYHOOD :

Do you know of any article which would take the place of the nursery chair for the two first months of a baby's life, or until he can hold up his own head? If so, would you kindly send us information of the same and oblige
C. B.
Brooklyn, N. Y.

We know of no such article. The child should not be set up in any sort of a chair until he has first shown a desire and perhaps the power to pull himself up into the sitting posture. In the meantime, for his evacuations a small chamber vessel can be held to the parts, if the need is known in time.

Slow Growth; Wakefulness; Gradual Weaning.

To the Editor of BABYHOOD :

When born, my baby girl weighed 7 pounds. I engaged a wet nurse on the physician's advice. She is twelve months old at present and weighs but 16 pounds. About every three or four hours the child receives nourishment. She took whooping cough at ten months, which is almost gone; has three teeth, enjoys the open air daily, sleeps a wee bit during this period and is in the best humor.

(1) Why does she gain so little as compared with other "BABYHOOD babies"?

(2) At night she usually wakes up four or five times and expects nourishment some time in the night. I pay very little attention to her, but she crows and amuses herself, and insists upon coming in my bed when she awakens. When she falls asleep again, I always tuck her in her crib. I have never given her any anodyne, though sorely tempted. Have I cause for alarm? The doctor says some children require less sleep than others, and tells me not to worry.

(3) I intend weaning her soon. Would *BABYHOOD* state explicitly how to experiment between nursings? I have had no experience, but enjoy too much well-meant advice and have no definite idea of management.
M. X.
New York City.

(1) Nothing being said to the contrary, we assume that the tardy growth has been pretty uniform and not the result of whooping cough. There are a good many cases of slow growth in infants associated with seemingly ordinary good health for which the explanation is not immediately forthcoming. It may be that the amount of breast milk was small or its quality unnutritious, but for the reason just given we cannot assert that it was so.

(2) The wakefulness and the slow growth are

not reasons for alarm. Of course it would be better for her to sleep more, and it would be more satisfactory if she grew faster. The doctor's statement is correct; all the same, all parents will "earnestly covet the best gifts," as regards their own children. It may be that larger meals, if appropriate in quality and digestible, will remedy both of your causes of anxiety.

(3) We would begin with milk prepared, as so constantly is advised in *BABYHOOD*, by the addition of cream, water and sugar, so as to approximate breast milk and very soon gradually diminish the amount of water. See article on "Cream Foods," in May, 1890. Probably by the time she is eighteen months, she need have but one-fourth water, and by the time she is two years, she can take good milk pure. In the meantime, add gruels of barley or oatmeal to the milk. You will see in answers to other inquiries details which will help you.

Mistaken Signs of Health.

To the Editor of *BABYHOOD*:

In the January number you say, incidentally, "in practice we have not rarely been asked to admire, as evidence of unusual health or strength, what we consider marks of disease." Will you kindly indicate those evidences most likely to lead a mother astray; or are they outside the province of the laity and likely to do more harm than good in the telling? May not the phenomenal weight and cherubic chubbiness of the traditional babe sometimes be one? I confess to a certain exasperation induced by too much advice, suggesting greater variety and more frequent meals for my ten-months' daughter, who weighs 17 pounds only and thrives on milk and oatmeal at four hours. The combined weight of her parents is less than 240 pounds.

Lincoln, Neb.

You have correctly surmised as to one of the instances (quite a list of which could be made) where diseased conditions have been interpreted as signs of health. In writing the paragraph quoted, we had particularly in mind the exces-

sive fatness (often combined with constipation) of beginning or mild rickets, which is very often presented for our admiration; and a much rarer condition, the peculiar rickety deformity of bones known as "double joint," which we have had adduced as evidence of remarkable strength of development in boys. In fact, "double-jointed" is not infrequently used colloquially in much the same sense as is "big-fisted."

So far as we can see, your daughter weighs enough for her age. If she is well in other respects, we should say to let well enough alone.

Condensed Replies to Various Letters.

C. W. R., Buchanan, Mich.—It will not be necessary for your child to continue malted milk until he is two years old. Little by little he will gain the power of taking more or less milk in addition or as a substitute. Your physician being but three years in practice has one advantage—he has probably been instructed by good modern teachers, and is not yet hide-bound in his notions. You see by your own experience that he has been able to suggest to you a food which has agreed when milk seemed not to do so. Trust him further, and we believe that you will do well. At all events he is responsible for his opinions and will do his best to give such as will benefit you, while the very persons who are nagging you by mischievous meddling with your child's food would be the first to desert and criticise you when the damaging results of following their advice became manifest. The tendency to meddle without knowledge in matters of hygiene and medicine is extraordinary. Extraordinary, we say, because the same persons would not venture to advise, for instance, about a small pecuniary investment. Speaking of popular ignorance of the whole subject of dietetics, Sir Henry Thompson says: "Yet nothing is more common—and one rarely leaves a social table without observing it—than to hear some good-natured person recommending to his neighbor, with a confidence rarely found except in alliance with profound ignorance of the matter in hand, some special form of food or drink, or system of diet, solely because the adviser happens to have found it useful to himself!"



THE HIGHER MOTIVE.

BY E. W. D.

EVEN a baby has a motive for everything he does; and though it sounds slightly ridiculous to speak of babies acting upon high motives, yet if we analyze their actions, we cannot dispute that a baby is really either generous or selfish, frank or deceitful, brave or cowardly, prudent or rash, gentle or passionate; showing, in short, the germs of what he is to be in later life. So true it is that as the twig is bent the tree's inclined, that if we hope for these little ones ever to develop large aims and generous purposes, their training in this direction can hardly be begun too early.

Unless we greatly mistake, almost any mother who will watch herself will be surprised at the frequency with which she offers her child a trivial and even a mean motive, when a worthy and genuine one would have been possible. Take the much-talked-of, much-censured American trait of "keeping up appearances." Do we not educate our children to it from babyhood? Anything will do to wear about home, but not so when we are going to Mrs. Smith's. All very well if we teach Allie and Tommy that it isn't treating Mrs. Smith respectfully to be careless how we look when we go to see her; but the idea more often brought forward is "What will they think of us if they see you looking so?"

We had company this afternoon and were much mortified at our children's behavior at table. After the guests went home, did we say to Allie and Tommy, "I fear Mr. and Mrs. A. didn't enjoy their visit; you were so noisy we couldn't talk to each other?" No, we said, "What can Mr. and Mrs. A. have thought of you? You were so rude at table, and their children are so well-mannered." Naturally the lesson learned was not that of consideration for other people's convenience, but that of trying to appear well before strangers.

The last thing we should wish children to consider is how they appear; from this one thing many of the meanest traits may flow—vanity, hypocrisy, self-conceit and others. Yet we are usually at great pains to teach regard for appearances as if it were the loftiest of all motives. "Every one will laugh at you if you do so;" how common to say this to a child, but how wrong, for surely it is our part to teach that it matters

not who laughs if the thing done is proper in itself. This cowardly fear of being laughed at seems only too natural to some children; but we think in most cases it must result from the foolish teasing and ridiculing of children which is the only conception some people have of talking with them. It may be carrying this idea too far, but we would ourselves prefer that a child should suck his thumb till he was four years old, or even later, rather than be broken of it by ridiculing his appearance, showing him how it looks, asking him what people will think to see so big a child sucking his thumb like a baby, and making all the other remarks usual in such cases. The thumb-sucking will come to an end in time, but the self-consciousness induced by the above treatment may stay with the child always.

Generosity is a most desirable trait to cultivate in a child, but there is room for difference of opinion on the best way of cultivating it. For ourselves, we do not approve the common method of insisting with authority that everything be shared. There is little merit in an unwilling gift. Neither do we like "Johnnie gave you some yesterday, you must give him some to-day." This seems too calculating. Even "You like Johnnie to share with you, so you must share with him," seems lacking in the true spirit of generosity. "Doesn't Johnnie like candy?" or "Which of your things would Johnnie like best to play with?" furnishes a motive which, if advanced with tact, will appeal to most children. The wish to make others happy may become the unconscious motive of much of a child's behavior without its mother having ever demanded a sacrifice from it. The demand nurses antagonism, while the example of kindness to all, and the offering as a privilege the means of giving pleasure, bear fruit of a very different character.

Love is a higher motive than fear. Alas! that we so often forget it and allow the idea of our child's best good to be crowded out by some trifling loss or inconvenience. The forbidding look, the cross word, the blow, when something has been carelessly broken, may be just the thing needed to induce our innocent child to conceal the next such accident or put the blame on

some one else. To look sorry, to sympathize with the child's regret, to say "Mamma thought a great deal of that vase, but Jennie will be more careful next time," will produce a state of mind in Jennie which will really make her more careful without sowing the evil seeds of fear and deceit.

In this connection there is a mistake to be guarded against which is productive of worse results than might at first appear. It is that of talking too much to children, explaining too much about right and wrong, reasoning with them about their conduct before they are old enough to appreciate. To cultivate the *feelings* of children, to try to keep them *feeling* happy and good, has a better effect than trying to make them *reflect* on themselves and their conduct. We have seen a girl of twelve who had constantly been talked to, almost since she was born, but was plainly worse for it rather than better. She could talk almost as well as her mother about right and wrong, knew the appropriate sentiment for every occasion, understood just what was the suitable feeling for her to have at all times; but there was no reality in any of it. Instead of waiting for right conduct to develop in its time right thinking, her mother had furnished it all to her cut and dried; and so far as conduct was concerned she was a real and serious trouble to her parents. Too much "preachee, preachee," only helps poor

human nature downward. We said, the other day, to our little girl of three, "Minnie, that was naughty; wouldn't you rather be a good girl than a naughty girl?" and Minnie, though not apparently in a bad humor, said she didn't care which. Our own reflection was that we were properly served for asking a foolish question. Of what interest to a child of three is an abstract question? That it made mamma feel bad to see her do thus and so would have been more likely to appeal to her comprehension.

"That hurts Willie," or "Mamma doesn't like that," or "This will please papa," or "make Fannie happy," is far better than "Wouldn't you like to be good?" Even after the mind has developed understanding and reflective power, it is much better to lead it to evolve its own views on moral questions than to supply them second-hand. If a mother learns any lesson about her children, from babyhood up, it is to not try to teach them too much; for, if she only waits a little, the lesson will come of itself and come just when it should, when the child is ready for it. It is a surprising revelation to many of us that our child has little need of our help in learning to walk and talk. Nature provides legs and vocal organs, and at the proper time she provides also the impulse to use them. Let this same lesson be carried into the world of mind and the child will profit by the forbearance.

THE SONG THAT OFT MY MOTHER SANG.

TRANSLATED FROM THE GERMAN BY ADELE OBERNDORF.

THROUGH all my days of happy youth
A song of blessed comfort rang,
A little song of by-gone days,
The song that oft my mother sang.

And in the solemn evening hours,
The girls and boys, a happy band,
With this sweet song she often sang
To happy dreams in Slumberland.

She sang it softly while at work;
She sang it in the woods in May—
The gentle strain has saved us oft
From silly pranks in childhood's day.

It shed a luster o'er our dreams;
And when we left our happy home
It went with us, our truest friend,
Out in the great strange world to roam.

And when to distant home and friends
Our troubled minds would turn, at times,
We eased our hearts by singing loud
Our own dear mother's soothing rhymes.

Those treasur'd words we ne'er forgot;
They brought us comfort, hope and rest—
To mem'ry ever, ever dear,
With wondrous charm the song was blest.

That soft, melodious strain of old—
It gives me many a yearning pang,
For I shall never hear again
The song that oft my mother sang.



THE MOTHERS' PARLIAMENT.

A Chapter on Prizes.

—The question, “Shall children be stimulated to good conduct by promise of rewards?” has been often discussed. Numerous objections have been brought against the practice, many thinking that the good effect lasts only as long as rewards are given, and contending that a child grows careless or does wrong as soon as the incentive to do well is removed. They forget that in its efforts to gain the promised reward, a new habit, the direct opposite of the one to be corrected, is naturally formed.

The best way is to let no disagreeable habits *be formed*. But they sometimes grow so gradually that they are hardly noticed until fully established.

A chapter from my own experience in this matter may be of aid to some mothers. Finding the unlovely habit of biting her nails growing in our little girl, I explained to her how badly it would disfigure her fingers, and offered to give her a “prize” when she had broken herself of the habit. There is no doubt the reward was a great incentive, but it accomplished the desired effect, and, sooner than anticipated, I bought and presented the prize. She had learned to keep her fingers out of her mouth, the habit of biting the nails was broken up, and there was no return to the practice. In the same manner I treat whatever unpleasant habits arise, with success.

Never lose sight of the fact that you have a part to perform as well as the child, and the reward must be ready when promised. It need be nothing costly, but I think it should be proportioned to the fault to be corrected and the effort made.

It is always disagreeable to have to reprove a child at the table, doubly so when the table is not under your own roof-tree, but in a boarding-house. We were boarding when I noticed our little girl did not eat quietly, and offered her a prize if she would learn to eat keeping her lips together. It was a pretty hard task, but she finally mastered it, and took great delight in the reward, a box of

paints, I believe. I always use the word “prize” in connection with these gifts—the word seems to have a particular charm for a child.

My latest attempt at reform is in the play corner. When boarding one usually has to utilize every foot of space, but I managed to portion off one corner of our bedroom for a play corner. It always appeals to a child’s innate desire for possession, to have something set apart to its own individual use, whether it be a toy or part of a garden or room. At first, this corner was curtained off, making a little room within a room. But I soon found that this curtain, like charity’s mantle, covered many shortcomings. It seemed to make little difference whether the little housekeeper kept her room neat or left things around in wild disorder. I therefore removed the curtain, and have offered a prize of a small sum of money to be paid weekly, whenever the little kingdom is kept neat. I am pretty confident of the success of the last offer, for a bright calico bag hangs on the wall above the little playhouse to receive stray coins. This is the “Christmas Money Bag,” and its contents are to be devoted to the purchase of gifts for next Christmas.—*V., Evansville, Ind.*

A Scold About Long Dresses.

—American mothers generally dress their children in long dresses down to their ankles, and BABYHOOD says the dresses are being made longer instead of shorter this year. Such mothers condemn their children to all the inconvenience and discomfort that a woman feels from her long skirts, although she does not need to indulge in the activity of little children, and therefore does not find herself as much hampered as they do. As such mothers sacrifice their children’s comfort and freedom of movement because they wish to be fashionable, I want to tell them that in Paris, the very headquarters of fashion, I see everywhere fashionable and unfashionable children scampering in little skirts just below the knee. Even a stylishly

dressed baby of eighteen months I noticed in the same short skirts, with his legs left free. How much prettier the children look than the little overgrown babies that I have been accustomed to see in America I cannot express.

It is England which is responsible for the wretched fashion of long dresses for children, but even there I think they are giving it up. I saw lately on the Rue de Rivoli a very stylish-looking English girl of eleven or twelve, dressed in different shades of brown, from fur cap to stockings, and wearing her dress even much shorter than I like to see at her age, namely, just to the knee, as if following a complete reaction in fashion. I noticed also some time ago that Du Maurier, whose illustrations in *Punch* are as perfect fashion-plates as they are works of art, represented a little girl in an aristocratic house as wearing her dress just to her knees.

Apparently, then, American mothers have no longer even the poor excuse of fashion for making their children uncomfortable and lessening their natural activity.—*A. P. C., Paris, France.*

Mothers' Discussions.

—I was greatly interested in Houtas P. Daniell's account, in the December number, of "Mothers in Council," and wish some of the members of it would send through BABYHOOD an account of their discussions upon the list of interesting subjects mentioned in it, for the benefit of mothers who, like myself, are not situated so they can hold such meetings among themselves.—*S., Wadesville, Va.*

One Cause of Night-Terror.

—Having seen in your valuable magazine the letter on "Night-Terror," from a "Worried Mother," I wish to say that when my little boy was three years old he had the same turns of night-screaming that she describes, partially waking every night in an agony of fear. We would lift him immediately out of bed, carry him well-wrapped to where there was a bright light, and when thoroughly awake the crying would cease. The cause we could not determine for some time, but a year later the child had some adenoid tissue removed from his throat, and has never had a night attack since. The surgeon who performed the operation considered that the attacks were due to the boy breathing with his mouth open and partially awaking from a sense of suffocation. Having suffered so much from seeing the child suffer, I

hope the "Worried Mother" may gain some benefit from my experience.—*M. O., Englewood, N. J.*

—As I am a mother who believes in teaching little children to read, I would like to

give my experience with home use of the kindergarten materials. I have attended lectures and read books on the Froebel methods and ideas. I believe in the advantage of a good kindergarten, and would gladly have sent my children to one had we lived where it was possible. I got all the gifts and some of the occupations, and tried to use them according to directions. I suppose it was my fault in presenting them, but my children greatly preferred free play with ordinary toys to the gifts and games I tried to show them. Mat-weaving and stitch-laying amused them for a time; the embroidery and pricking I did not attempt, as I think looking at the fine points is very bad for the eyes, far worse than reading a clear print.

They learned to sew happily on doll clothes and outline work, and spent much time in drawing and cutting out according to their own fancy. Learning to read was done so easily that they were hardly conscious of the process. When my oldest child was five, she said to a companion who had not been taught: "Oh, yes, you can read; you must only look at the words and talk." Knowing how to read at once opened the way to countless beautiful tales of nature and life. For instance, they had the series of "Nature Readers," by Mrs. Wright, and last summer at the seashore observed and searched for the marvels she told them about—ants, spiders, crabs, etc. The first time my little girl saw a jelly-fish she knew it from the book, and told me a long story she had read about it.

I think that a mother who lives with and studies her children, will feel her way from point to point and give them the education best suited to their nature, without the need of the regular plan and definite lessons of a kindergarten.—*T. B. C., Philadelphia.*

—The article on whooping-cough in the December number of BABYHOOD recalled

some of my own experiences with the disease. In nearly all the cases with which I have been familiar, vomiting would take place before the paroxysm of coughing would cease, especially during the more severe stages.

I observed that the patient would keep back the cough as long as possible; also that a fit of coughing seldom occurred during the act of taking food, or at least not until nearly through. Should an attack come on soon after eating, the child would throw up the food just taken, and the coughing would stop.

One can anticipate the cough by noting the effort made to keep it back. At such times give the child a drink of milk, or some kind of gruel, so that when the coughing comes on the stomach will readily respond without such convulsive action as takes place when that organ is empty. This may seem rather amusing, and indeed may be seriously objected to on account of the irregularity in taking food; but in this disease it is almost impossible to give food with the accustomed regularity, on account of the liability to throw up the food. At such times nourishment must be given, even though it be at an irregular time, in order to keep up the strength.

Anything, that is not positively injurious, is of advantage that will tend to allay or shorten the terrible paroxysms of coughing.—*J. S. L., Geneva, O.*

—Of all the opportunities

Importance of the Bed-time Hour.

for mothers to instill good thoughts and motives in the plastic minds entrusted to their care, I think none is equal to the bed-time hour. When the little one is ready for bed, if the mother will leave her sewing or reading and go herself, take him in her lap and have a quiet talk of the occurrences of the day, it may be the foundation for a few earnest words that will sink into the little mind more deeply than at any other time.

I would emphasize that the mother's *lap* is the place, even if the little one has so far passed babyhood that the feet nearly touch the floor, and her lap is full indeed. No other seat brings such close companionship as this; with mother's arms around him confidences are more easily given, little wrong-doings more easily told.

My eldest boy wonders occasionally when he will be too big to sit in my lap evenings, evidently hoping the time is far off. Many times I have had occasion to be thankful for these bed-time talks. Little faults that, unnoticed, might have grown to larger ones, or by repetition have become fixed habits, are discovered, and by an earnest talk and careful observation afterwards, may be easily checked. With household duties and the constant care or supervision of younger children, beside the outside demands upon a mother's time, it is impos-

sible to give as careful attention to each individual child as is desirable during the busy days, and thus little wrong beginnings must often go unnoticed; but the bed-time confidences will go far toward remedying this.

Then, too, the conversations of little friends or servants that seem strange, or not quite what mamma would approve, are likely to be repeated. I remember during one of these talks with my boy, he told me that Nora (the kitchen girl) had said to him that in hell people were thrown into a red-hot fire and turned over with pitchforks; adding, with his eyes big with wonder, "I didn't know they did such dreadful things there!" Before the idea had a chance to take root, I had the opportunity to eradicate it and impress upon him that the loving Father's care rules even in the hells.

After the little talk a single verse of Scripture or a psalm, according to the age of the child, may be slowly and accurately repeated; this will lead the thoughts to the Father to whom the prayer is to be said; and if the mother kneels herself beside the little one and joins in repeating it, the sense of nearness to her is increased. Thus the child is put to bed in a happy frame of mind, and in a higher sphere than could otherwise have been reached.

I believe strongly in the use, in after years, of the loving mother-talks during early childhood, in the right principles thus instilled, the Bible truths and stories impressed upon the growing mind. It may seem as if much is lost, that the naughtinesses come out just the same, and a feeling of discouragement may come at times—does often come, I doubt not, to most mothers; but the *truths* are not lost; none of those early impressions made upon the pliant minds are ever effaced, though they may remain for a long time quiescent as the child grows more away from the quiet home influences and comes into contact with the outside world. Some time in the future, when most needed, they will come home to him; and the memory of the mother-love mingled with them may do much toward helping him to resist the temptations that constantly arise.—*A. C. B., Lancaster Co., Pa.*

—Every mother will remember the tender thoughts that the Baby.

prompted her careful preparation for the first baby, the baby that was to bring such a world of new experiences, and her loving anxiety to provide

the necessary articles for her own and her darling's use. But as there is not always at hand a confiding friend, who from her personal knowledge can direct one's labor, practicability is sometimes sacrificed to prettiness. Owing to its reputation as the friend of the nursery, BABYHOOD became a member of our household in the early days of fond expectation, and many were the lessons treasured up for use in the days that were to succeed the little one's arrival. But he had not yet come, and our first care was concerning his coming—what would be needed, and how the required articles might be prepared with a constant regard for utility and economy of time and strength. Possibly some prospective mother who is now looking—as I was a few months since—to BABYHOOD for enlightenment, may find acceptable the following modest suggestions in addition to the many valuable ones which have preceded.

Since the birth and after care of an infant are at best attended by much hard work, all labor-saving forethought will be appreciated by the nurse and the servant, and later by the mother herself, if she be one of those upon whom the chief duties of nurse and housewife must devolve. For greater ease in laundering, the baby's clothes should be simply made, though of different sizes and generous number. A sufficiently thick layer of newspapers makes a perfect protection for the mattress, and reduces the usual large washing to one piece—the sheet which covers them, to secure them in place. Much labor may also be saved by using pads made of a small handful of absorbent cotton basted between two pieces of old cloth four inches square. These may be placed inside the napkin without the exertion of raising one's self, and are easily removed and burned when saturated. They were also used, for Baby's first diapers, and have since been of value at the monthly period.

It is very essential that the necessary articles be handy, thus avoiding confusion and worry when time and strength are precious. Mine were arranged in Baby's chiffonier. The top drawer was devoted to his basket, with its usual outfit of pure soap and powder, towels, sponge, large and small safety pins, vaseline, strong cord and roll of soft old linen for the navel dressing, and a little red plaid shawl, which I had worn to school in my early childhood, in which to wrap the little wanderer on his arrival. Beside the basket lay his first clothes in the order in which they would be needed—flannel band, shirt, diapers, flannel petticoat, slip, blanket and socks. In a

drawer beneath were several dozen diapers and pads, Geyer's crescentine breast-pipe, soft sponges for hot alcohol baths, rubber bedpan, syringes—the one for Baby being a simple rubber bulb with short vulcanite pipe—warm knit footies and a white flannel invalid's wrap with feather-stitched hems, light blue surah hood and cuffs, tied at the throat with ribbon to match. This was easily put on, and entirely covered my severely plain night-gown when it was desirable to “dress up.” Another very useful thing which was in readiness was a feeding-cup. They may be had in beautiful designs, those with handle and spout at right angles being preferable. Mine is now in requisition for Baby's feeding.

Much too often the pre-natal days are filled with endless embroideries and eye-tiring stitches, when the natural mother-love might find better expression in methods for securing the little one's health and homespun comfort. Of the most noted babe that ever was born we are told, “he was wrapped in swaddling clothes.”—*F. B. D., Danielsonville, Conn.*

—Those of us mothers to whom Sunday is the happiest **Mays Instead of Don'ts for Sunday.** and most sacred day of the week, long that our children should learn to love it too; but, since we wish to teach them that it is a holy as well as a happy day, it is sometimes difficult to make it all we could wish to the little ones, and yet combine their pleasures with the quietness and reverence which we feel it desirable they should observe as becoming the sacredness of God's day of rest. I have heard children eagerly planning some new play or amusement for the morrow, and then suddenly stop short with a disappointed “Oh, but to-morrow will be Sunday,” as if that fact were a damper to their joy instead of an added pleasure.

Thinking these things over, I resolved, as soon as little ones were entrusted to my care, that my children's Sundays should be happy days; and, finding that I have succeeded in making them so, I have thought that perhaps some of the ideas which helped me might be of use to other mothers; though life is so varied, and both our views of the fitness of things and our family circumstances are so different, that what works well in one home may be quite out of place in another; still we may sometimes give help by telling what we have found to answer in our little corner of the world.

The first idea which came clearly to my mind in

regard to the children's Sunday was to make it a day of *permissions* and not of *denials*. Children dislike don'ts and mustn'ts, and just as much do they delight in anything, however simple, which is kept as a special treat or privilege. With this idea in mind we instituted when they were very little the plan of Sunday toys and books, choosing those which were specially attractive and yet would conduce to quiet play; as, for example, boxes of animals, and such things as the children could play with while seated at the table, and all their prettiest books. These were kept separate from their every-day toys, and only allowed to be played with on Sunday. Even the very little ones very soon learned to look forward to this, and no sooner is breakfast over on Sunday morning than the demand for the best books and toys begins. This very largely obviates the necessity of having to ask them *not* to play roughly or noisily, for they are so absorbed in the enjoyment of their weekly treat that they do not think about or crave their every-day occupations. Dolls we have never forbidden on Sunday, for they are regarded as children by my little mothers; and, of course, when their mammas play quietly the dollies do so too, and it has always appeared to me an unnecessary deprivation to consign them to sleep or oblivion on this day. Indeed with us it is dollies' as well as little mothers' gala day, for it is the one day of the week on which the children are allowed to bring their dolls with them to the table. We now try to make the Sunday meals attractive by having some specially nice dessert, and an extra allowance of cake or jam with their usually very plain supper.

As they have grown older other privileges have by degrees been added. Going to Sunday-school and to morning service is always spoken of and looked upon as a great treat; then on Sunday, if they have time on their hands indoors, they are allowed to draw out and color texts, which they keep to give to their friends or to paste in the scrap-books they are fond of making. Pricking outlined texts is a Sunday amusement very popular with the quite little ones.

Another thing which is a great help in making Sunday happy is that "father" is at home all day; after dinner the children have him all to themselves for about an hour, when he hears them repeat verses they have been learning through the week, and reads and talks to them. "Mother," too, though she always reads some nice story-book for half an hour every evening,

lays the usual book aside and tries to have some short and specially nice tale for Sunday reading; for the charm of the thing to the children seems to be in the variety, and however much they like their week-days the fact that everything on Sunday is a little different seems to give freshness and therefore enjoyment to its occupations.

Of course we teach them as soon as they are old enough *why* we make Sunday different, placing it upon what seems to us the real fundamental ground for the observance of a Sabbath, viz., that men *need* a day of rest, and that therefore God in his wisdom and love planned one day in seven for our refreshment, and allows us on that day to rest from our ordinary work. This, too, is made the ground of any restriction, if such become necessary, of noisy play—not so much that it is wrong for them to do it, for that they could not understand—but that as it is everybody's resting day they ought to be as quiet and give as little trouble as possible, so that father and mother and nurse and all the grown-up people may have a quiet, restful time.

My children are quite young, and I hope as they grow older to teach them to love Sunday for higher reasons than best toys and nice desserts; but when I asked them the other day, "Which day of all the week do you like best, children?" and received the unanimous response, "Sunday," I felt that something had already been gained. "But tell me," I urged, "*why* you like it best?" "Because we have no school, except that we may go to Sunday-school, and we like *that*," replied the eldest girl of 8 years. "Father is at home all day, and he reads to us after dinner," says our little lassie of 6; "and you let us paint texts and have all our best books to look at," adds our sunny boy, who is a year younger. So they all find Sunday a happy day, and their answers encouraged me to write these few suggestions to BABYHOOD.—*A Mother, Baltimore.*

—An account of a certain experience of mine with my little boy may be of help to some of the readers of BABYHOOD, and as that magazine is a semi-medical one, I think the subject is not too delicate to refer to. At the age of three years he was obliged to have the operation of circumcision performed. From the time he was about six months old he had been subject to occasional soreness, which never seemed sufficiently severe to consult a physician about, but which resulted in adhesions,

which necessitated an operation a little more severe than ordinary circumcision.

The operation in its usual form is by no means a severe one, having been performed from time immemorial upon all male children of the Jews, and, if I am not mistaken, is performed also upon the children of Mohammedans as well. It is not one to be greatly dreaded, therefore, by parents, and I think few people are aware how common it is. Although parents would not be likely to speak of the operation to any but their intimate friends, I have yet known of four children, besides my own, for whom it was found necessary. I have even heard of a well-known physician declaring that he considered the custom of circumcision such an excellent one, that if he had boys of his own he would have the operation performed at birth, even when there was no special reason for it.

If a child is subject to soreness he undoubtedly ought to be examined by a physician. Otherwise the irritation and itching will probably cause him to rub the part affected, and he may thus perfectly innocently and blamelessly form a habit which might carry him in later life to the insane asylum or the grave. Such a habit once formed is like the habit of drink. It takes such a hold upon the nervous system that, like the drunkard, the victim has not sufficient will-power to combat it.

There is one portion of my experience with my little boy which may perhaps contain a useful suggestion even for physicians. The poor little fellow was terribly frightened at the ether, although I gave it to him myself, holding him in

my own arms. The next morning I changed the bandages and wet the wound with the carbolic acid which the doctor had left ready prepared for me. The child screamed so all the time that I was in torture, thinking that I was torturing him. The doctor told me, however, that the weak mixture which he had left would not hurt the child; yet still he continued to scream violently every time it was applied. It was not till five or six years later that I understood the reason. Finding that my boy remembered distinctly everything connected with the operation, I asked him why he had always screamed so terribly during the dressing. His answer was given with perfect clearness. He said that the dressing did not hurt him, but that he mistook the strong, strange smell of the carbolic acid for the smell of ether; and thought every time I used it that he was going to be etherized again, and dreaded it intensely.

This seems a very natural mistake, and it is likely that other children may make it as well, and that both the children and mothers suffer a great deal of unnecessary trouble in consequence. This may not seem of any great importance to a physician used to so much worse suffering in all forms, yet even those most wedded to the use of carbolic acid might find some other dressing equally satisfactory. For instance, the tincture of calendula, which is a favorite dressing with homeopathic physicians, when diluted with water has the great advantage for a child of having an odor equal to the most delicious of perfumes. A child who was allowed to smell of it before it was applied would undoubtedly soon enjoy its application.—C., *Massachusetts*.



DEFECTS THAT CAN BE REMEDIED OR PREVENTED.

BY CAROLINE S. VALENTINE.

THERE are many little personal defects that tend to embarrass a child, and cause it to feel awkward and ill at ease, that could be avoided if the mother or nurse gave attention to them early in infancy. Many people believe that when

a child is born with an unlovely person, it is as its Creator made it, and must always remain so. But to a thoughtful, observant person such an infant is a subject in which he sees great room for improvement, and recognizes that the means

are usually simple and near at hand—unless there be actual deformities; even many of these, if a skilled physician's aid is early sought, may be cured.

Wayward Ears.

I remember with what horror a dear old man of my acquaintance spoke of a woman who had bandaged her baby's "flip-flap" ears with a handkerchief, to train them to lie close to the head. He thought it sinful and inhuman, while the mother was merely doing what she considered her duty, and something for which the child would doubtless, in after years, be very grateful.

Ears standing out, as if anxious to catch every word that is spoken, are not a pleasant sight. They recall the sentence that the zephyrs whispered to the grass about the ears of Midas. Such ears, given the advantage of "early training" can be much improved. Of course, we can never make them smaller, but we can make them much less prominent by putting a soft bandage around the head over them, gently pressing them against the head. This can be done with ease, and without annoyance to the child, especially at night. But if an ear bandage is used, it should leave the orifice of the ear free, the upper and posterior part of the shell only being compressed.

Often a child that is born with good, well-shaped ears contracts the habit of pulling one or both of them. Parents often laugh—"it looks so cute to see Baby pull his ears when he gets angry"—but later on, when perhaps one ear lies close to the head, but the other stands out and the upper edge turns over, it is not quite so amusing. Such a habit should be carefully watched and early corrected.

Unshapely Fingers.

I can still recall the keen pang I felt when my taper-fingered little cousin looked at my fat, stubby little fingers, and told me they were *plebeian*. It did not then occur to me that I could improve them; but since I have had baby hands to care for, I can see what great improvements can be made if begun at an early enough age. If the little fingers are too broad at the ends, gently compress them, and stroke them toward the ends; do this many times a day, and if you persevere long enough the desired tapering effect will be procured. I have read—I think in the "Ugly-Girl Papers," published by the Harpers—of long thimbles made to give a good shape to the finger

ends, but the stroking process seems really easier. It is to be remembered, however, that the thick or broad finger tip (not the clumsy sausage-shaped finger) is often spoken of as characteristic of the "mechanical" or "constructive" hand. The observation is probably correct, for the constant use of the finger tips which usually accompanies manual dexterity—particularly if continued through generations—is likely to widen the finger tip. If the child inherits or possesses much of this dexterity the use of the hand is quite likely to defeat the esthetic endeavors of the mother.

When the nails are short and broad the skin should always be kept pushed back from the base of the nail, leaving the "half-moon" exposed, as this adds much to the seeming narrowness and length of the nail. If, by a little care at nights, the hands be kept in good condition, it will add to the child's comfort and pleasure later on. A simple and very efficacious means of keeping the hands white and smooth is a mixture of two parts of glycerine to one part of rose-water, with a few drops of tincture of benzoin added.

To many, these things seem absurd and unworthy of thought. But life is made up of trifles, and so are good looks; and a child that has been trained to care for itself in these little matters is much pleasanter to look at than a careless one.

Care of the Hair.

The care of the hair is one of the most important of these little trifles. Often the hair grows too low on the forehead, around the ears and on the neck. This tendency can be noticed and checked as soon as the hair begins to grow. Whenever it is dressed, if brushed well back from the places it intrudes, it will soon begin to grow the way it is brushed. Care should be taken that the nape of the neck be left free of it, for even a pretty white neck is disfigured by hairs straggling on it. If the head is kept well washed, and the hair well brushed, it becomes—no matter what the color—a thing of beauty. There would be fewer bald and sparsely covered heads in middle life if children were taught to wash and brush the hair regularly.

The Dentist's Part.

The teeth are very important factors, but they too often become malefactors, because they are neglected in early life. A great many people think little children's teeth should not be brushed, but surely it is not too soon to begin to use the brush when the little faint discolored line begins to show over the upper teeth—even if the child

is not over three years old. Little folks are perfectly delighted when their first tooth-brush is presented, and are only too willing to use it; but the mother should attend to it until the child is old enough to use it properly. When it once gets used to it, it will be quite easy to keep the habit up, as it is to keep up all habits, good or bad.

Then, unless there be an inherited tendency to soft, crumbly teeth, or they be injured by the use of strong medicines, they are pretty sure to be good and white. If the second teeth come in crooked, or too close together, the dentist should be immediately visited; and several times a year he should examine the teeth to keep them in good order. If a child can be spared the terrible pain of toothache, "that malady from which none die" but suffer sadly, no work is too hard to do to prevent it. If a tooth-brush is used it should be of badger-hair and not of bristles; but for young children a sponge or a linen rag is still better. Some teeth which are strong and clean will always preserve a creamy color, and cannot be made entirely white.

Noses.

"What a dear, cunning little nose!" is the usual exclamation called forth by the sight of Baby's little pudgy pug nasal appendage. It really does not look so badly on the baby, but does not prove so becoming as its owner grows older. It has an unfinished, nipped-off look, and many a child "older grown" would give much

if it could add just a little bit to the end of its nose and banish the tip-tilted effect.

If such a nose is gently pulled and stroked between the fingers, after the bath, and several times daily, it will be but a short time until a change for the better in shape and length will be noticed. We have a living example in an elderly aunt whose straight nose is an object to admire. She declares that she made it herself. For she had a flat, spreading nose to begin with, and brought it to its state of perfection by following the above simple rules. I know another nose which was broken, when its owner was a little baby; this gave it a one-sided appearance, which the careful mother entirely overcame by always pressing her finger on the broken side when nursing the child.

But too much need not be anticipated from the manipulation. The development of the nose, especially after childhood, brings about wonderful changes without any interference. Often the most defiant turn-ups develop into shapely, straight, or even aquiline noses, and it often seems as if ancestors lay hidden in ambush behind the bridge of the infantile pug, ready to show themselves on the slightest opportunity. When there has been a fracture the manipulations are eminently proper. But never use forcible pressure without first learning from a physician what is the condition of the internal bony structure left by the fracture.



CURRENT TOPICS.

Photographing Children.

THERE is nothing connected with the art of photography so pleasing to the artist as a successful picture of a pert little miss or a bold, bonnie lad. Children generally drop into pretty and graceful poses, something so natural and life-like that seems, and is, indeed, impossible for any artist to improve.

However, no matter how graceful a pose may be, no matter how clever may be the expression, all may be spoiled and rendered unartistic by certain arrangements of dress or peculiar grouping of colors. The patient photographer cannot, *dare not*, tell an amiable mamma to take her bright little boy home and dress him so that his

photograph will be a gem of photography, and a comfort and pleasure both to mamma, papa, sisters, cousins, aunts and other relatives in whole. No; he must do the best he can with what is presented. So, kind mamma, or whoever is about to bring a child to the photographer, I give a few hints. If you will follow them, that is, so far as dress is concerned, and will leave the artist to exercise certain judgment in the way of surroundings in the picture, you will be pleased greatly with the results.

Never dress a child in velvets, unless of light-colored hues. Your bonnie boy may possess a most elegant green sack; but the poor artist feels like tearing his hair—and does when in his dark

room—over the impossibilities of green to come out nicely in the finished photograph. Large stripes and checks in fabric are *not* artistic. They detract from the sweet simplicity of the face and pose, and spoil the picture in general. Do *not* ask the artist to take a picture of your boy full length when he (the boy, of course) is dressed in knee pants. Boys' feet are proverbially large, and they loom up immensely when attached to a pair of slim legs clad from knee to ankle in stockings. Boys generally do not require such striking effects in photography as girls do; so, unless you desire a character picture of Jamie, Joe, Bob or what not, dress him in quiet colors; and there is nothing so befitting a boy in a picture as gray or very light blues, browns or some such mild hues.

As for girls—and I now speak of little tots—you cannot improve your white soft laces and graceful clinging folds. Now, when I say this, I mean blondes. If your charming tot is a brunette, dress her in cream-colored or dark blue or brown. There are certain reasons for doing so which no one but the artist can tell. He has to manipulate certain chemicals according to various subjects, and when you present a blonde to him dressed in light he is well aware of the good things he alone knows how to do for you.

As for babies in long dresses, they always are in white; but do not worry too much over *its* picture, for if you swoop down upon the gentle morsel five or six times in a minute you spoil the baby's temper and the artist's. Let him alone; he has taken more baby pictures than you ever saw; and if he doesn't bring into practice his years of knowledge and skill he isn't a good artist. But I can assure you nothing pleases him like making a successful picture of a baby; so leave him alone to his own dear task, and I'll warrant you he will please you.—*H. S. Keller, in Ladies' Home Journal.*

Child Life Insurance in England.

It is miserable to a patriot to think how these collectors of premiums upon child death policies openly, week by week, call at doors within which, the neighbors believe, a child is being slowly neglected to death—a fact, by the way, with which the canvasser has no concern. His one and sole duty is to get business, and getting it, to keep it.

Here is a family regularly visited by one of these collecting men, who had eyes in his head to see what he was doing, and orders to do it. He

visited weekly for fifty-seven weeks. The man worked just enough time to get money for beer for himself and wife. They had strong animal affection for one another, and lived on good terms, except with their two children. They had always left these alone, providing nothing for them. One was four, and one was two years old. In a single garment each they might be seen standing about the street swarming with vermin, their pinched little faces bemired by rubbing tears away with hands that had rummaged the gutters and ash-barrels picking up garbage.

This was the condition in which they were insured. Not finding enough to eat, they would go to their neighbors for food. One, especially, occasionally gave them some, which was not objected to by the mother till they had come into "benefit." Then, not only did she not give them food, but she forbade the kind woman to give it them, and cursed her for giving it, and beat and cursed the children for taking it. That they should have enough to eat stood between her and the £3 10s. or the £2 which came in by one or other dying. Neighbors on either side sometimes heard them being beaten in their sleeping-room in the night, where, reduced to skin and bone, sore with blows, with empty stomachs, on a rotten, stinking mattress, toward midnight they lay down crying themselves to sleep. Happily for them the snoring couple in the downstairs room were seldom disturbed by their tears; they dared not be heard. When, however, it chanced that they were, father or mother would climb the stairs and beat their little thin bodies with the "honest laborer's" loin strap, or, when both were too drunk to climb, threaten from the stair-foot: "I'll scalp you, you little devils, if you don't let me sleep."

Three times a day the elder child went to the public house for beer. At length he could go no more; he lay down and died on the kitchen floor. As soon as life was extinct the mother went off for a doctor's "paper" to get her insurance money, and that night she had it. The younger one crawled about a little longer after his brother was buried. He could do no more than crawl, for which debility his owners, whenever he was in their way, gave him the only help out of it they knew—a kick with their booted foot. Meanwhile a new arrival came—a girl baby. Four days old, like its predecessors in the place, it assumed a market value. In three months, dead, it would be worth £1 10s.—*Contemporary Review.*

Discouraging.

THE evening shadows lengthened fast
As up another flight I passed,
To meet the same rebuff at last—

“No children.”

All day I'd tramped the city o'er,
Flats and apartments found galore,
But one and all turned from the door
The children.

That night, both weary and oppressed,
I dreamed I sought those mansions blest
Above, and bore upon my breast

My children.

But just outside the gate, before
My trembling hand could knock, once more
I read this notice on the door—

“No children.”

—*New York Herald.*

An Infantile Esculapius.

TALK about your boy preachers, infantile linguists and baby musicians! We have right here, in our own fair city, a youth who will probably in time become one of the most celebrated physicians and surgeons in the world.

At the regular meeting of the Southern Medical Society last Saturday evening, Master Albert Verner Fensch, of Fort McPherson, was unanimously elected to honorary membership in that organization, as the youngest medical student known to the profession. Dr. J. E. Price, of Virginia, President of the Society, who introduced this young gentleman, stated that, though he had barely attained the age of five years, he was possessed of a knowledge of anatomy, especially of osteology, equal to that of many graduates of medicine.

In his exhibition before the Society the child was able not only to give the technical and scientific names of each of the two hundred and odd bones of the human skeleton, but to describe their various functions, divisions, tuberosities, tubercles, etc. The little fellow prefers to amuse himself by fitting together and adjusting the bones of the human body (with which he has been presented a complete set) to playing with blocks, drums and whistles; and delights in tracing on anatomical charts and cuts the various blood-vessels of the human anatomy rather than amusing himself with picture-books.

This little anatomist is a favorite with the professors and a pet of the students of the Southern Medical College, where he rarely fails to be in

attendance upon Professor Nicholson's lectures on his favorite branch—anatomy. He was highly delighted, and appeared to fully appreciate the honor conferred upon him; and in his own phraseology addressed the President and gentlemen of the Society, thanking them for his election to honorary membership.

“Dr. Albert,” as he is called by his acquaintances, can be seen on pleasant mornings, lunch-basket in hand, trudging alone from Whitehall street crossing to Walton street, where he is in attendance at the kindergarten department of Mrs. Baylor Stuart's academy, where his long golden curls, rosy cheeks, intelligent blue eyes and amiable disposition make him a general favorite.—*Atlanta Constitution.*

In Case of Accident.

WHAT a blessing is the calm, self-possessed person, whose presence of mind tells her exactly what ought to be done in any emergency, and whose courage inspires those around her to do what they would otherwise have found impossible. There are few people in middle life who have not had some experience in accidents; and they will all agree that, at such times, there were certain ones to whom they turned instinctively for help; while there were others—dear friends, perhaps—to whom they never thought of applying.

How shall we account for this? Partly because of a difference in individuals, but more largely because of a difference in training. Presence of mind, self-control and steady nerves may be acquired where they are not natural. A most successful woman physician had fainted away the first time she watched a surgical operation; and there are numerous instances of delicate and sensitive girls who, by training, develop nerve and self-control which make them the reliance of the whole neighborhood.

We fear the mothers who make a practice of teaching their boys and girls what to do in case of the various accidents, so liable to occur, are in a small minority; yet no mother should neglect this part of her children's training.

Every child should be told exactly how to act in case his clothing should take fire; and not only told, but he should be made to go through with it all so often that, if the danger really come, he will save himself unconsciously. By turns, each child should be treated as if rescued from drowning, the other children going through all the operations necessary to restore consciousness.

Children are naturally interested in these things, and will quickly gain knowledge which may save their own or other lives.—*Orchard and Garden.*

The Baby Faith in Heaven.

IN the Cincinnati Post Office, recently, in the general deposit of mail gathered at noon, was a much-thumbed and tear-stained postal-card. The writing upon it was in a child's hand, trembling and uncertain. The address was: "My dear mama in heven." The letter was as follows:

"home.

"dear inama—I am so lonesome sins you went to heven. i want to go to you, the time seems so long you said i could come to you. Mrs. Clarke is kind to me but she is not like you. you sho this to God and send for me sure, my arm hurts me so and you sed it would be well in heven. i send you a kiss, from me, little DORA."

Cold indeed must be the heart that does not moisten the eye that looks upon that touching and pathetic letter with its baby love and unquestioning faith, an illustration of the love between child and mother that passeth understanding. The whole world of pathos is in the child cry: "Mrs. Clarke is kind to me, but she is not like you." No, little one, nobody could be to you what your mother was.—*Boston Postal Record.*

Records of Early Childhood.

FROM olden times, it has been thought that adults should be the teachers and children simply the learners, but, in this nineteenth century of civilization, the greatest find that they can learn from the little ones. The best educators are those who have learned most from little children, and the most successful primary teachers are those who can see and feel things as children see and feel them. Authors of literature and textbooks for children must now know child nature or fail. Scientific philologists are beginning to recognize the fact that children just learning to talk can in a few months teach them more about how languages are formed than can be learned by years of study of dead and living languages.

Tiedemann, Darwin, Taine, Alcott, Romanes and other learned men have studied their own children scientifically, and taken notes on their

development, while Perez, Kussmaul and others have made observations on a number of children. Humphreys, Holden and Noble have collected and examined the vocabularies of several children two years old, in order to discover the general laws of speech. Emily Talbot has collected observations of mothers on young babes.

The most thorough and accurate study has, however, been made by Preyer, who carefully observed and experimented upon his boy during the first three years of his life, noting down each day everything calculated to throw light upon the capacity of children and the order of the development of their powers. Much light has been thrown on many subjects by these investigations, but a sufficient number of carefully verified facts have not yet been collected to enable us with certainty to distinguish characteristics common to all from individual peculiarities. It has been made evident that not only must there be persevering exactness in observing and recording the facts, but that many of them can be accurately observed and correctly interpreted only by one versed in physiology and psychology. Considerable interest has been aroused, and many plans proposed, designed to increase scientific knowledge on the subject, to bring parents into new and pleasanter relations with their children, and to preserve records of interest and value to the family.

Probably no more acceptable or more valuable present could be given a child who has just attained his majority than a little book containing a record of his life from babyhood. The data contained in such a record would make it possible for him to obey the maxim: "Know thyself," and to guide his life by that knowledge; while the little incidents of childish life that give so much pleasure when remembered and related by the parents, would be preserved and enjoyed by himself and his descendants. Parents who have engaged in such observations have not only learned to understand their children better, and been drawn into closer relations with them, but have also found the task most interesting and delightful.—*E. A. Kirkpatrick, in Worcester Gazette.*



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

APRIL, 1891.

No. 77.

WE wish that every official in the land who is connected in any way with public schools might have impressed upon him the sentiment contained in the following, from an address delivered by Dr. Henry D. Chapin, before the New York Academy of Medicine, giving a report of his recent examination into the wretched sanitary condition of the primary schools in this city: "One of the results of overcrowding is that individual classes are much too large. One teacher is obliged to do the foundation work in a class numbering from fifty to seventy-five children. They have to be taught to read, and in every way their undeveloped intelligences given a proper start or bent. How sixty little children can be properly taught as if one brain, is a problem in physiology as well as psychology. The ventilation of the primary schools is dangerously defective, and the cubic air space allowed to each pupil is insufficient. In the three lower classes the prescribed allowance of space to each pupil is 70 cubic feet; in the three higher grades, 80 cubic feet; while in the four lower grades of the grammar classes the allowance is 90 cubic feet, and in the four higher grades 100 cubic feet. The Board of Health requires that in tenement houses the allowance shall be at least 400 cubic feet, and in some cases 600 cubic feet, to each person."

Referring to the sociological aspect of the question, Dr. Chapin further says: "The underlying principle of State education is State preservation. The State does not educate for charity, or to give culture and polish to a limited number of its citizens, but rather to ensure to all a sufficient fundamental equipment to enable them to make a living and become honest and desirable citizens. In

this city the present disproportion of effort and expenditure on the higher and lower grades must be directly reversed if such an object is to be attained. Last week I saw a young teacher struggling with a class of between sixty and seventy little Italians, some of whom could not speak English. Their time for learning is short, and how much can be accomplished in this way is evident to all. Small classes, good light and air, and the best general surroundings, are due to these children if the State proposes to stand sponsor for their education, and finally give them a vote." When a competent observer takes the pains to make as careful and thorough an examination of the subject as we know to have been made in this case, his report is entitled to the most attentive consideration of every thoughtful person.

Vaccination is of little avail unless it be thoroughly done; indeed, may be worse than useless if not made effectual, because a false sense of security may lead to dangerous exposure being permitted. An examination of 191 children in a New York institution, with a view to ascertaining the average results of previous vaccinations, showed that only thirteen had a well-defined pitted scar; only one had two well-defined, round and pitted scars; fifty-one had no scars at all, although they had been vaccinated; the remainder had scars in various forms, shapes and colors. A successful vaccination is evidenced by a well-defined pitted scar—others being spurious or insufficient.

Candor and truth are natural to the young. Dissimulation and deceit result from injudicious guidance and restraint. As is the case with animals, children at first show

forth their mental workings with absolute unreserve. It is later in their early life, when their organization reaches a higher development, that insincerity and prevarication are shown. Candor is easy and simple; truthfulness requires no invention. These are therefore the first and most natural resort in infancy. If, then, trifling offenses are met by excessive severity, the lesson of dissimulation will soon be learned. "Children subjected to the discipline of a home where every cheerful impulse of their young souls is suppressed as sinful, naturally come to regard eternal dissimulation as the price of liberty, and prevaricate with the full sanction of their physical conscience, and under the constant impulse of reaction against the irksomeness of unnatural restraint," writes Dr. Oswald. "Stoicism is not a virtue of childhood, and the instinct of self-preservation from extremes of cruelty is as pardonable in the evasive pleas of a frightened child as in the evasive leaps of a frightened rabbit." Sympathy of the true sort between parent and child is the surest preventive of insincerity. If the child appreciates that its conduct is to be reviewed by a loving parent rather than a critical judge, it will be truthful, because it will instinctively know that this is safer and easier.

In the prevention of the spread of such diseases as diphtheria and scarlet fever, the whole responsibility does not lie with Health Boards. A very considerable portion rests upon the family that suffers; and, after convalescence has taken place, it is, in many parts of the city and country, a duty that is honored in the breach rather than in the observance. Many never send word to Boards of Health that they are ready for disinfection, but prefer to move away in search of a more healthful neighborhood. The consequences are inevitable. The family departs, the rooms are re-rented to new comers who have no knowledge of the previous sickness, and this in due time attacks them. The vitality of the scarlatinous poison, for instance, is most tenacious, and yields only to the most radical treatment. It should

certainly be a part of the duty of the attending physician to see that the Board of Health is properly notified, and such other measures instituted as seem necessary to prevent further spread of the disease. Knowing, as we now do, that many contagious diseases might be entirely stamped out by united action, it becomes incumbent upon every individual to do his share.

It has been strongly urged that our roofs be utilized as gardens and play-grounds, for profit in health and strength as well as comfort and pleasure. It is a satisfaction to know that the plan is being adopted in the architecture of clubs, school-houses and, in a few instances, private dwellings; and a contract has been awarded by the Board of Education of New York City for one school building, and proposals asked for two others, in which the specifications call for "a completely fire-proof building having a playground for children upon the roof, a portion of said play-ground being enclosed for stormy weather." We trust that the additional expense involved in this departure from the old style of school structures will not discourage the general adoption of the plan.

Some persons maintain that they at times have surely foreseen in a vision certain happenings, and that they could have described in advance, to the minutest detail, incidents which have taken place, had they told their dreams at the time. Had BABYHOOD only thought of it, it also could have contributed something interesting in the way of prophecy in this line. A Buffalo journal, *The Trained Nurse*, which undertakes to answer the queries of its subscribers who ask advice upon medical topics, publishes in its issue for February, 1891, an inquiry as to remedies for earache in children, with quite an extended reply. Turning to BABYHOOD for June, 1889, we find exactly the same question and exactly the same answer, word for word! Odd, that by some occult process of unconscious cerebration BABYHOOD should have been able to reproduce the wise and sensible advice given by *The Trained Nurse*, a year and a half in advance of the original publication!



HEREDITARY PHYSICAL TRAITS, AND HOW TO MEET THEM IN TRAINING CHILDREN.—I.

BY WM. E. LEONARD, M.D.,

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AS the world progresses, more and more attention is being paid to the years of infancy and childhood, as the formative period, when our very wisest endeavors must be put forward to bring about the best results. In the present generation books and pictures and the various aids in the education of children abound in all advanced communities. **BABYHOOD** itself is the best evidence of this wholesome tendency.

Yet few parents take the time or have the disposition to go deeper into the scientific reasons for placing so much emphasis upon the earlier years. And even physicians are too little conversant with the foundation facts of infant physiology and development, which should always guide their recommendations in hygiene and diet, as well as their use of drugs. To outline some of these facts, and make practical application of them, will be the purpose of these papers, my appeal being mainly to the intelligent mothers, or their substitutes, who read **BABYHOOD**.

Importance of the Study.

When one stops to think, ever since the wise sayings of Solomon, as well as the later ones of Confucius and others, earnest parents have sought the best methods of so training and educating their children as to bring about some improvement on themselves and their ancestry. The growth of the Spartan state is an historical instance of the practical application of the (then imperfectly understood) laws of heredity. The rapid progress of religious intelligence since the

idea of Sunday-schools for the children was first put in operation by Robert Raikes, in England, in 1780, is another more modern instance; while the crowning evidence of the growing recognition of these principles is the common-school systems of modern times.

Modern Investigators.

In casting about for the authorities upon which is based our knowledge of infant development, we find set at the very head of the recent investigators the name of Charles Darwin, who traversed the unknown territory alone. His "Expression of the Emotions" and studies in infantile development scattered through all his works should be as famous and as often perused as his better known "Descent of Man" and "Origin of Species." Froebel, the founder of the kindergarten system, in his great work, the "Education of Man" (1826), dwells chiefly upon the first seven years of the child's life, as in a most emphatic sense those in which physical and mental foundations are laid for a life-time. It may not be amiss to state here, as a guiding thought for mothers, that Froebel's conception of education—*i. e.*, that man learns through "self activity"—is by no means to be confined to the kindergarten, but may be broadened into the practice of all teachers who may take the pains to understand it.

Perhaps the most fascinating reading in this line is Professor W. Preyer's "Mind of the Child." Of more general scope is "The First Three Years of Childhood," by Bernard Perez. Professor Preyer lays down in his introduc-

tion these propositions, which we must accept as the basis upon which to proceed: "We perceive what a capital each individual has inherited from his ancestors, how much there is that is not produced by sense-impressions, and how false is the supposition that man learns to feel, to will and to think only through his senses. Heredity is just as important as individual activity in the genesis of mind." And his experiments, as well as common observation, show this to be equally true of bodily peculiarities. For instance, it is shown by experiments, which any painstaking person can verify, that the sense of sight in the lower animals is complete at birth; while "in the human being, so many more associations of sight with co-ordinated muscular movements are possible than in the brute at birth, that it takes a longer growth after birth for these all to be developed."

Effects of Heredity upon Sight, Hearing, etc.

These three or more years of development, the formative years, are the "golden days" in which to correct wrong tendencies and strengthen weak ones. If the strength of sight requires weeks, yes, months, for development, every care should be taken to accustom the eyes to properly toned light, to keep them scrupulously clean from birth, and to always have regard to over-strain, even more than in later life. How often in the public parks and parade grounds nurses are seen to have left their small wards staring into the bright sunlight by the half-hour. The effect thus produced upon eyes weak by inheritance is the same as the condition in adults known as snow-blindness.

Regarding the sense of hearing, every mother should know that, whereas all animals are born with this sense as complete as their environment will require, the baby is deaf for a few hours, or (rarely) days, after birth, *i. e.*, long enough to allow atmospheric air to replace the uterine fluids in the auditory apparatus. The first sound recognized is generally some noise louder than usual. Only gradually does the babe learn to distinguish sounds. Hence, another excellent

reason for perfect quiet in the nursery during the first days, aside from the commonly recognized reasons in the mother's condition. Any harsh jarring of the newly-tuned apparatus then may work harm later.

The sense of touch, or response to painful impressions, is less acute for a time in the infant than in the adult. Hence, the surgeon may perform brief operations without much suffering on the part of the child, and without any real "heartlessness," as the mother may think; but only in the first week or two. The sensitiveness of the nasal lining and of the ball of the eye are purely hereditary traits, and are noticeable only after a few days or longer. Often the mother will notice for the first month that the baby opens its eyes and keeps them open in the warm bath without winking. This is because it has become accustomed to the fluids of the womb, and soon changes to the more familiar sensibility.

All the senses, then, are largely hereditary, but their time of development is greatly lengthened in order to admit careful education. Were it not so, and each child came into the world perfectly equipped and developed, the human race could never make any progress in bringing out higher and better forms of physical and mental life.

Effects upon the Digestive Apparatus.

Let us note a few of the mainly hereditary anatomical changes of infancy, in order to learn how great is the possibility of development at this period. Take the digestive apparatus. The stomach is very small at first, holding only a little over one ounce for the first two weeks; after two weeks, something over five ounces; and after two years, twenty ounces and upwards. Hence the reasons for feeding an infant frequently, and a little each time at first, and gradually increasing the intervals and amounts as the child grows in size and weight. There is a radical physiological error involved in attempting to feed a baby but three or four times a day in the beginning, even if a physician does recommend it; or, on the other hand, in supposing that the child's instinct

will tell it when it has enough, and therefore it should nurse at any and all times when it cries. The little human animal has not the correct instincts of the kitten or puppy, but must be treated as even more helpless and senseless than they. Besides being smaller the infant's stomach is less elongated, and situated more straight up and down; hence, the mother must not be alarmed at occasional vomiting, since it is so much more easily brought about than in adults. I say occasional vomiting, for repeated or violent vomiting should bring the family physician to the house. This ability to promptly and easily relieve an overloaded stomach seems a wise provision of nature to preserve her offspring from over-zealous attendants.

In the infant, digestion in general, and the natural physiological activity of the intestines in particular, is much more rapid than in the adult. Both small and large intestines are comparatively longer than in the mature individual. One authority (Treves) reckons that the small intestine grows two feet per month during the first two months, and after that increases in an irregular manner, depending (please note upon what) upon the nature of the food, the vigor of the digestive apparatus, and the activity of the abdominal nervous centers. This increase bears no relation to the general growth of the body, nor the weight of the child.

Here then is a wide field for such physical training as will counteract hereditary defects. By improper foods in the very first week, or days even, of life, foundation is laid for multifarious forms of dyspepsia. This will explain wholly the "three months colic" that many babies experience, and which the old ladies all think an unavoidable evil. Rather let the saffron tea, catnip tea and various mixtures poured in a routine way into the poor stomachs of "little new babies," as my little daughter calls them, be set down as the causes of this persistent colic and indigestion. Nothing should be given the new-born hungry infant except what it can obtain of nourishment from the breast, or a little warm sweetened water until the milk is plenty. If for any reason the mother may not nurse her

child, the best skill and judgment of the physician will be called for to select the simplest and most appropriate food for each individual child, due regard being had to the condition of the mother's digestion during pregnancy, the immediate parental inheritance of good or bad digestion, and its general condition at time of birth. Here, at the very threshold of life, intelligent forethought tells most decidedly upon the whole physical career of the child, or at least makes a happy, healthy infancy take the place of a whining, unhealthy, tedious existence.

Because of the known imperfect development of the muscular coats of the intestines, and because of the comparative length of certain portions of these organs, the use of food not carefully prepared, *i. e.*, finely divided if semi-solid, or absolutely pure, if liquid, or not accurately suited to the digestive fluids and absorptive apparatus, colic and obstinate constipation, and oftentimes diarrhoea, result. Here, of course, the physician must judge whether occasional use of specific medicines will not aid nature. By no means should the mother complicate matters by essaying the use of drugs herself. The infant body is too delicate and intricate a machine to be trifled with, even by the physician, except with medicines the effects of which he thoroughly understands, and these only in small and well-tested doses.

Effects upon Teething.

Supposing the nourishment of the infant to be exactly right for the first six months, the coming of the teeth at that period, or a little later, should be accompanied by little, if any, disturbance of the digestion. But, inasmuch as the teeth are formed before birth and grow constantly in the gums up to the time of their eruption, any mistakes in nourishment for a year before, in mother or child, will be atoned for by days of fretfulness, sleepless nights and much suffering, if not actual danger to the child's life. Herein lies one of the fallacies of the system of diet in books advocating "painless labors" for all women. The fruit and rice diet may result in painless child-bearing, but the poor infant has been robbed, or more literally starved,

in the uterus, and cannot regain sufficient ground in its bony structures before teething to go through that process easily and safely.

The character of these first teeth, as well as of the permanent or second set, is a sure index of that child's physical inheritance, and is capable of quick interpretation by the observant and learned physician. If they are sound and of good color and firmness, the family history is probably good. If brittle, crumbling, black-streaked, notched, etc., the physician is warned of something radically wrong in the child's ancestry. These marks on the teeth themselves are of far more importance as indicators of inheritance than the rapidity or slowness of their growth, which has a large range of variation in different families and individuals. No mother should be unduly troubled because her baby is behind other children in its teething, even if the teeth appear slowly through the second and third years. Provided the child eats and sleeps well, and develops in other ways with fair regularity, this feature of growth will keep pace with the rest. Indeed, I have about concluded that the rate of the coming of the first teeth is a fair index of the rate of that child's development in all lines—physical, mental and moral. Concerning children, and with all good results of human skill and

labor, the Creator seems to teach us that time is a necessary element to stability and permanence.

In modifying and controlling this development of the teeth, much can be accomplished by the proper introduction of food to both mother and child, before and after birth, to supply supposed deficiencies. Here again the judgment of the careful family physician should be made use of. An excellent suggestion that comes from German physicians, is that of giving growing children what the Germans call "*linsen*," the English lentils. These are dark-colored, in shape like globular split peas, and contain almost all the elements of bone. They should be soaked, as one would beans, and then cooked for at least one hour in salted water, and given to the child whole or mashed, according to the stage of his teething.

As an illustration of how the teeth are indices of structural changes, dentists state that they can tell upon noting the character of the teeth, even late in adult life, whether or not *in infancy* the subject had severe diarrhœa or cholera infantum, so decided are the effects of such checking of regular development at that period.

The problems of combating disease-inheritance will be considered in my next article.



OBJECTS AND METHODS OF THE BATH.

BY SIMON BARUCH, M.D.

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A VAST deal of ignorance exists on this simple topic. Among my earliest experiences as an obstetrician in village practice I remember an occasion when a number of ancient dames were proffering advice to the young doctor upon points connected with the conduct of the case. When the latter was satisfactorily consummated, and the

doctor requested these wiseacres to bathe the baby, not one claimed to know aught of this branch of the work, and the young doctor returned their service by instructing one of them accordingly. Usually, the monthly nurse performs the work satisfactorily. As in some instances the latter may be absent or require supervision, it will be proper to give

a few words of instruction, which to an intelligent bystander or friend may be of service in an emergency.

Cleansing the New-born Infant.

Water at 100 degrees Fahr. should be prepared in a small tin tub, placed in the warmest part of the room; if possible out of sight and hearing of the mother, who requires the utmost tranquillity at this moment. The infant is now unwrapped on the lap of the attendant. It would be lost labor to attempt to cleanse the skin with ordinary soap and water. Being covered with an alkaline coating, a thorough anointing with sweet oil or lard or vaseline is more efficient than soap. Having removed this coating, the infant is held with the left hand in the water, while with the right it is thoroughly washed, using a new sponge or recently washed piece of cloth.

One point I desire especially to insist upon. Do not wash the baby's face while in the tub. After the body has been dried and well wrapped, the face should be washed, *not with the same sponge*, but with a clean piece of linen (a clean soft handkerchief is the best), dipped in a bowl of fresh, clean, warm water. This precaution is necessary in order to prevent those inflammations of the eyes which have so often caused blindness, and which are always attributed by the lay people to excess of light. Filth conveyed to the eyes by the sponge previously used for cleansing the body, is the most prolific cause of these inflammations. How easy it is to avoid this cause, the most superficial observation will demonstrate.

Another point upon which even many experienced nurses and mothers require instruction, is the dressing of the baby. It is not unusual to see the nurse place a broad band of flannel, reaching from the armpits of the infant nearly to its thighs, upon her lap, and swathe the little thing firmly and dexterously in two or three folds of this bandage, which is secured by a number of safety-pins. Now a little common sense, combined with a knowledge of the first principles of physiology, will teach that the free movements of the chest and abdominal wall are essential elements of

breathing. They rise and fall with each breath. Hence, too firm a bandage is objectionable. But while the abdominal wall should be firmly supported over the navel to secure the infant against umbilical rupture, and to keep it warm, the chest should remain free from constriction. Hence the flannel band should be secured very loosely, if applied at all, over the ribs. As the physician is usually too much engaged with the mother at this stage, it would be well for a friend or relative to watch the nurse in the bathing and bandaging process, for the purpose of observing the important points here indicated.

Powdering the skin is a common practice now after bathing. A word of warning is here necessary. Many of the powders used are irritating. Pure talcum powder is the best application. The talcum powder of the shops usually contains carbolic acid, which may irritate a tender skin, especially if it is not thoroughly dried. Simple corn-starch, or the velvet skin powder of the shops, is the most useful application. The latter is made of pure talcum or silicate of magnesia without any irritating addition. I have learned its value from mothers who have praised it.

I would also suggest that the practice of powdering should be confined to parts in which chafing may occur, where two skin surfaces are opposed, viz.: under the armpits and between the thighs. The latter part being exposed to soiling, and therefore requiring frequent ablutions, should be always powdered. Other parts of the body do not require it. While there is no objection to applying a small quantity of the velvet skin powder, in order to facilitate the friction which should be an essential after-part of every bath, the abundant application of any powder on parts not subject to chafing should be deprecated, because it checks the normal action of the skin, to encourage which is the real function of the bath.

Baths at a Lower Temperature.

After the baby is three months old, the temperature of the bath water should be gradually reduced one degree every day until 80 degrees is reached. And here it would be well to insist that no bath should ever be

given without ascertaining, *by the thermometer*, the temperature of the room and water. The former should not be less than 65 degrees; 65 to 70 is better.

Two Objects of Baths.

For cleansing purposes the warm bath, viz.: not lower than 85 degrees Fahr., is most appropriate. But there is another equally important function of the bath, the invigoration of the nervous system and through it of every organic function.—*i. e.*, every one which conduces to the maintenance of the human body, namely: circulation, respiration, digestion, etc.—obtains its motive force or power from the nervous system. Let the connection between any organ and the nerve centers be severed and death must result. It follows that the integrity of the human machinery depends upon the integrity of the nerve centers: the brain, spinal cord and sympathetic nerves. Without entering too deeply into physiology, it may be stated that one of the peculiarities of the nervous system is the facility with which impressions may be conveyed from one portion of it to the other. It has often been likened to a telegraphic system, so completely does the nerve center respond to a stimulus or irritant at its most extreme terminus. If a pain be inflicted upon the toe, for instance, the impression is at once conveyed to the brain, which responds by a voluntary removal of the toe from the injurious contact, even if the eye does not see the danger; pleasant and refreshing impressions are conveyed exactly in the same way.

Now, the skin is a vast network of nerve-endings. This is proved by the fact that the finest pin-point cannot penetrate it without inflicting pain, of which the brain at once takes cognizance. To utilize this vast network of fine nerve points for calming and refreshing the whole nervous system, is an important factor for the preservation of health. This may be done by the bath. Many mothers have experienced the soothing effect of a warm (not hot) bath on young and old, and to this reference will be made later on.

Every one realizes the refreshing effect of bathing the face in cold water at the morning

ablution, or after we have been taking a siesta, or when we feel fatigued. This refreshing effect is simply the conveyance of the stimulus due to the reaction from the application of cold to the face, beyond this point to the brain. I advocate the extension of this refreshing influence to the entire body in adults, having been convinced by a large experience that its effect is to stimulate or tone up the entire nervous system to such a degree that it counteracts the wear and tear incident to modern life. In the adult, such application of cold to the entire surface should not, however, be undertaken without medical advice, because the reactive powers of individuals differ greatly, and the measure is as powerful for harm as for good.

Even greater care is needed in applying the cold bath for its refreshing effect in infants and children; and to this point I desire now to call attention. After the third month it is a good practice at the termination of the bath, to lay the body upon a blanket in the lap, and with one or both hands previously dipped in cold water (60 to 70 degrees Fahr.), rapidly rub and slap the body before drying. The result will be a gentle shock to the fine nerve-endings which permeate the skin, and a reaction immediately brought about by the friction. This is enhanced by drying with a Turkish towel, until the skin is of a rosy hue.

When the baby is able to stand, it may receive a more free application of cold water, while standing in the tub, after its cleansing bath. This may be done with the hand or a coarse wash cloth. It should be done very rapidly, to avoid chilling, and active friction should follow.

Quick Cool Bathing for Invigoration.

After the age of five, children should be accustomed to plunge daily into a tub of water, from 60 to 70 degrees, remain only five seconds, and at once be dried with friction. This should be done immediately after rising from bed, in a warm bath-room, in which everything has been previously provided for rapid drying. A chilly bath-room, or careless drying, may produce a severe cold or bronchitis.

A proper execution of this practice, under

advice of the family physician (if he be not a hydrophobe), will refresh the little ones, harden the skin so as to render it less susceptible to temperature changes, and impart a rosy hue to the complexion, even of a city child, which no medicinal tonic is capable of. Moreover, a habit will become established which not only will endow the system with a resistance to disease, but so counteract the wear and tear of life that the latter will be prolonged to the utmost limit. I have often succeeded in pointing out old men who practice the daily cold bath habitually, by their peculiar roseate complexion, which, unlike that of the *bon vivant*, is not confined to the cheeks and most marked on the nasal organ, but is diffused over scalp and neck and beyond the visible parts of the body. I remember well a gathering of medical gentlemen at which I made the suggestion to a friend that a certain gentleman, whom neither one of us knew, was an habitual cold bather. On being introduced I asked him, "Doctor, are you in the habit of using cold water very much?" He replied, "No." Being positive that I could not be in error, I explained that I did not refer to his medical practice but to his personal habits. His reply was prompt, that he had taken a daily cold bath all his life.

The value of this practice, inculcated at an early age, is incalculable. An intelligent appreciation of its rationale, into which I may enter at some future time, will overcome the prejudice which the human race seems to entertain against contact with cold water. Let it be understood, however, that neither in adults nor in children will the use of cold water here referred to (which does not deserve the term bath because of its short duration) afford the necessary cleansing. This must be done by the warm bath and soap at least twice a week.

Cautions.

Again let me emphasize the importance of care in executing the advice here given with regard to the exact regulation of temperature, etc.

There is not the slightest danger if this is done, and even the most timid children may be accustomed to it, and will grow fond of it if they are gradually and cautiously habituated, and rapidly and thoroughly dried after the bath.

In a subsequent paper I propose to discuss the value and methods of bathing in illness, which will be greatly enhanced and facilitated by habitual bathing in health.



TUBERCULOUS JOINT DISEASES IN CHILDHOOD.

BY JAMES K. YOUNG, M.D., PHILADELPHIA.

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DISEASE of the joints is not only one of the most frequent surgical complaints of childhood, but it is attended with great suffering, is one of the most fruitful sources of deformity and disability, and yields a lingering mortality of from ten to twelve per cent.

With such a dismal preface it is encouraging to know that although disease of the joints is most rebellious and disastrous when neglected, or improperly treated, it yields readily and speedily to prompt and thorough treatment.

The joints are liable to several affections,

acute and chronic in their nature, but infancy and early childhood are particularly the periods for the latter; so that chronic joint disease, and especially the tuberculous variety, which will constitute the subject of this paper, has been characterized *the* surgical disease of infancy and childhood. It has been thought that boys are somewhat more liable to joint disease than are girls, but taking all the facts into consideration, the author believes that the statement can be justified that girls are as liable as boys.

Though of the nature of a digression, the writer has been impressed with the frequency of slight pain or stiffness in one knee among young girls, occasionally persisting until adult life—not a serious complaint, such as we are considering, but severe enough to be inconvenient and distressing. Attention is called to it here because the writer believes it to be the result of improper clothing of the lower extremities. The knees are exposed at night or incompletely clothed during the day, and this sudden localized chill is sufficient to excite a slight pain, stiffness and uncomfortable feeling in the joint.

Anatomy of the Parts.

The structure of ends of the long bones, such as those of the arm or leg, in infancy and childhood differs from that of the adult bones, the difference being more marked the younger the child. These long bones are formed in three or more pieces, one for the shaft or body of the bone proper, and one or more for each end. These end pieces are attached to the body or shaft by cartilage; and in fact very early in life these end pieces are entirely composed of cartilage, growing in all directions from the center, and gradually becoming bony from the center outward. In infancy and childhood growth is going rapidly on in the end pieces, in the surface attached to the body, and in the end of the shaft attached to this end piece. The growth is exceedingly active, the newly formed tissue has but feeble resisting power, and the individual parts are independently supplied with blood; all these render the bones in childhood more liable to become diseased. The older the child, the more

does the character and course of the inflammations in the joints resemble that in adults. In other words, chronic disease of the joints is more common in youth, acute disease in adult life.

Nature of Tuberculous Disease.

The consideration of the nature of tuberculous joint disease necessitates some knowledge of tuberculous process elsewhere, and the importance and significance of the now well-known germ of this disease—the bacillus tuberculosis. According to recent and well accepted authorities scrofulous and tuberculous tendencies are considered as practically identical. It is now believed that certain individuals possess by inheritance or acquisition a defect of constitution, a certain vulnerability or proclivity to become infected with the germ of tuberculosis. The difference briefly is: Scrofula is a peculiarity of constitutional tendency; tuberculosis is a definite disease implanted upon and favored by this tendency or peculiarity.

This may descend from parent to child, or possibly be acquired from unhygienic conditions, impure air, improper food, unhealthy surroundings, or be induced by any debilitating disease. The eruptive fevers of childhood—scarlet fever, measles, chicken-pox, etc.—frequently impair the health and implant upon a previously healthy child a physical condition susceptible and favorable to the development of the infectious germ. In like manner rickets in its protean forms, severe or difficult dentition, prolonged cholera infantum, protracted whooping-cough, scrofulous skin, eye or gland diseases, may be looked upon as direct causes of this acquired tendency. The resistance thus diminished—the soil being as it were prepared—infection easily and speedily ensues. The germ gains access to the blood by the air inhaled, the food and drink absorbed, or through a wound. Once having entered the system the development and multiplication of the germ, or its elimination and destruction, depend entirely upon the resistive force of the tissues. There is, then, in scrofulous persons a constitutional predisposition to localized tuberculosis, or a tuberculosis of irritated parts. When the

germ is actually present in the diseased part, the scrofulous tendency has been supplanted by a tuberculous condition. Some local disturbance, which otherwise would be without influence—a cold, a blow or fall, or twist of a joint—arrests the germ, permits its rapid multiplication, and in a short space of time a diseased process is established, and progresses, unless checked by proper treatment, to crippling deformity, destruction of the joint or even death.

It is difficult in an article of this character to give an adequate idea of the tuberculous process as it occurs in the ends of the bones and in the lining membrane of a joint—the two localities most frequently affected in youth; and yet without some such explanation the subject becomes unintelligible. As before stated, in a predisposed person an injury causes a loss of vitality in the tissues, slows the blood current at this point, induces passive congestion, as we say, and favors the deposit of the germs.

The question naturally suggests itself: can a perfectly healthy child develop a tuberculous joint disease? In the manner before described there can be little doubt that this frequently occurs. It might also be asked: Does the chronic joint disease ever develop the scrofulous tendency? While tuberculous joint disease frequently develops the disease in other localities of the same individual in whom the tendency already exists, it cannot be proven that chronic joint disease ever has developed a general tendency or predisposition to scrofula.

Symptoms.

The symptoms which characterize tuberculous disease of the joints can best be described by considering the affection as it appears in one of the larger joints, particularly the knee joint. The symptoms, moreover, can best be understood by dividing the course of the disease into three stages: first, stage of invasion; second, of progress; third, of destruction or recovery of the joint.

First Stage.—The onset is usually very slow and insidious, being marked by a slight limp; intermittent pain attributed to cold, rheumatism or growth; swelling, change in

color, stiffness, tenderness and heat in the joint; and wasting of the limb. At first the *limp* may be only an awkwardness of gait, an occasional halt, an odd position in repose to relieve the affected part, but eventually it becomes marked and noticeable. The *pain*, at first intermittent, induced by a sudden twist or fatigue, passes away after a night's rest, perhaps not to reappear for several days, but finally becomes almost constant, increasing on motion, more severe at times than others, and at times excruciating. The *swelling* is peculiar and characteristic—rounded, uniform, altering and destroying the natural configuration of the parts, and accompanied by a slightly bent position of the joint. The *color* of the skin over the knee may become red and hot, or it may, and frequently does, become somewhat blanched, the blue veins standing out prominently upon the white background, and to the hand it may even feel colder than the surrounding skin.

The *stiffness* in the joint even at this early period is peculiar and characteristic. The joint allows of considerable free motion, but on attempting to straighten it or flex it completely resistance is observed, and the muscles beneath the knee stand out in great cords. This is a reflex spasm, as we express it, and while it prevents sudden twists and protects the joint from too great motion, it is usually thought to be very destructive to the joint itself by the force with which it holds the joint surfaces in contact. These two symptoms, the reflex spasm and the wasting of the limb, are among the most positive signs of this disease in the early stage. *Tenderness* upon pressure in spots is complained of, particularly when the inner side of the knee is pressed about one inch from the edge of the knee-cap.

Second Stage.—The second stage is characterized by starting pains, which occur usually at night, and consist of a sudden twitch, a sharp scream of pain and a sudden waking, the child crying for some time before it will again attempt to sleep. These may occur several times through the night, and are much dreaded by the little ones, as they are most liable to occur just as unconsciousness

comes on. The joint itself is becoming larger, more bent at the knee, and if moved gently from side to side may be found to be more movable than the normal joint upon the other side, this motion being accompanied by a rough grating, as if two uneven surfaces were being rubbed together.

The bones themselves may even appear displaced upon one another, as if they were out of joint, the knee being much bent, and firmly held in this position.

The general health now suffers considerably from the pain, restlessness and loss of sleep; the appetite is capricious, the sleep perturbed, fever is present, complexion is dull, the expression anxious and the disposition irritable.

Third Stage.—If the tendency is to recovery there is a gradual but steady amelioration of all the symptoms. The swelling remains stationary or subsides, the pain diminishes or ceases, the tenderness abates; the sleep is more natural, the appetite less capricious, the fever lower, the complexion clearer and brighter, and everything denotes a decided change for the better.

If, however, the process is not stayed, the swelling increases, opens and discharges a thin, curdled matter; the skin peels off in large flakes; the ends of the bones lose their forms, and the joint its shape entirely, and is movable in every direction; the fever shows wider ranges of fluctuation between morning and evening; the constitution is completely undermined by profuse sweating at night, and possibly diarrhoea; the exhaustion increases, until the child finally succumbs from the development of the disease in the membranes of the brain, or to destructive changes induced in the internal organs—the liver, spleen and kidneys—by the exhausting discharges.

It will be observed that while the mortality from tuberculous joint disease amounts, as before stated, to from 10 to 12 per cent., such children have a tenacity of life that is

astounding, and finally die of some intercurrent but similar disease induced by the protracted exhaustion. As another writer remarks, "I have seen children whose life for an indefinite period seemed to hang on a thread, and yet that thread seemed as tough as an ocean cable."

Conclusion.

This description would indeed be distressing and uncalled-for were it not for the lesson it teaches. If these diseases are early recognized it is astonishing how much can be accomplished to stay their destructive progress by proper medical and surgical interference, and it is for this purpose that this paper is prepared.

It is during the early stage that the disease should be recognized if a sure and complete cure is to be effected, and this is surely the prize to be attained. To this end every persistent limp, every joint injury, every night cry, should be investigated, and if the early symptoms are present no time should be lost in securing the services of a competent surgeon familiar with the treatment of these serious affections. If the child has inherited, or is believed to have inherited, a scrofulous or tuberculous tendency, no effort should be counted too great to secure, by improved hygiene, surroundings, food and habits, such a change in the constitution of that individual that infection with tuberculosis will become impossible. During and subsequent to the convalescence from exhausting diseases of childhood, or from prolonged debilitating cause of whatever source, every effort should be made to increase the resistant strength and ward off infection.

To the same end persons of a tuberculous tendency contemplating marriage should forego it altogether, or else so strengthen the constitution by improved hygiene, etc., that their offspring may not inherit tuberculous tendencies, and forever be exposed to infection and the development of these disabling and fatal joint diseases.



NURSERY HELPS AND NOVELTIES.

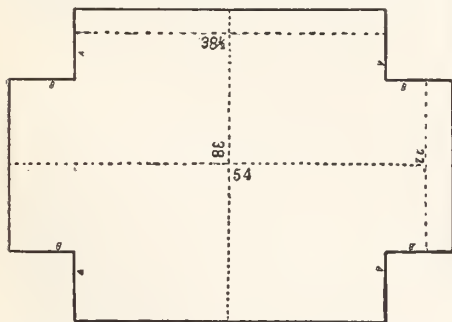
Readers of BABYHOOD are especially urged to contribute to this department descriptions of any nursery articles, not generally known, which may have proved serviceable to them.

Hanging Cradle.

THE greatest comfort and convenience of my nursery is the hanging cradle which the accompanying drawings illustrate. Baby Marion is now nine months old, and from the first she has taken her daily naps in this little home-made contrivance, which is both simple and inexpensive. The materials used are strips of wood, a hook, wire spring and ticking or other strong cloth.

The hook, which must be a strong one, is securely fastened in the ceiling, and from this the cradle hangs. I have found it convenient to have several hooks in different rooms. By this means the cradle may be hung wherever my work calls me. I can keep a watch on the little sleeper, and sometimes prolong the nap by a light touch upon the cradle. A hook may be so placed that at night Baby can occupy the cradle and yet be within reach of the mother.

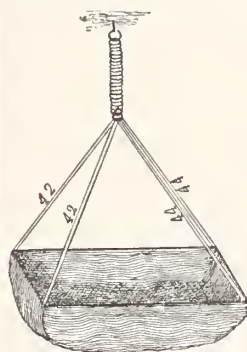
The frame is 36 inches long, inside measure. The end pieces are 20 inches long, inside measure. The wood is 1 inch by 1½. The straps, which connect the frame with the spring, are 44 inches at one end of the cradle and 42 at the other, and 1 inch wide. The spring is 12 inches long and 2 inches in diameter. Iron strips should be tacked on the corners of the wooden frame to strengthen it. Three yards of ticking are required. Cut from the entire length of the cloth two strips,



each 3 inches wide, for straps. Fold them so that they will be about an inch wide, and stitch on the sewing-machine. Cut the remaining piece of cloth through the middle, and sew the two pieces together, thus making a piece 1½ yards long and 38 inches wide. Cut out the corners as

represented in the diagram. Sew A and B together in each corner, thus making four seams and bringing the ticking into proper shape. It is then ready to tack on the frame.

The straps, first passing them through a ring which fastens to the spring, must now be tacked to the four corners of the frame. Add to this



two light pillows, one square and the other oblong, and a light woolen spread, and the cradle will be ready for its occupant.

I have described the cradle as my own is made, but of course the beauty of it—and it is a very graceful little affair—may be added to, to suit the

taste and purse of the individual. The frame, which is covered with the striped ticking, may be also covered with a roll of plush, and a valance of the same be tacked along the outer edge of the frame. If this is done the straps should also be covered with a band of plush.

For protection from flies a strip of mosquito-netting 5 yards long may be gathered along one selvedge and fastened just below the spring, from which it falls in loose folds to the frame.

The entire cost of the cradle, not including pillows and spread, was but a trifle over a dollar.

Marine City, Mich.

OLGA OLIVER.

The German Baby Bed.

FOR my first baby I used the Gertrude suit, and thought that it could not be improved upon for its simplicity and comfort. But when my second baby was expected, a friend, who has lived six years in Germany and had two babies there, wished me to try the German baby bed. I never had seen one, and was rather sceptical as to its workings until I saw a description of one in the July BABYHOOD, and later on my friend sent me a pillow with more definite directions. I set to work to make the outfit.

There were five pillow-slips of the shape of

the one in the figure, 47 inches long and 16 inches wide; two pillows, half an inch smaller all around, each filled with one and a quarter pounds of downy feathers; six little flannel shirts lined with soft mull, and twelve cotton slips. Both the shirts and slips reach only to the waist, and are opened in the back. They are fastened at the neck by tying, and below by folding without pinning. Two extra flannel jackets, a little cap, seventy cheese-cloth diapers and four small pads completed the whole outfit.

Still a little fearful as to the success of the bed, I made an outfit of short clothes after the Gertrude suit patterns. In due time the little fellow came, and he was clothed in a shirt, slip and diaper, and then was laid on his soft pillow, the lower part being brought up under his arms, and was tied up in his little nest, where he lived day and night for eight weeks. He was only taken out to be bathed, and to change his pillow night and morning.

The convenience of the little bed was very great indeed. Every time the child was taken up his

little wabby head and tender body were carefully protected by this soft pillow, and he seemed perfectly comfortable. He could lie in any position, was quite as able to kick as unrestrainedly as any child in long clothes, and I felt that my fears of his becoming bowlegged were needless.

As the baby came on the 16th of August I feared the feathers would prove too warm; but we regulated the warmth of the part of the bed that was brought up over his feet by shaking more or less of the feathers down toward the head, and I found that it was not overheating.

It proved to be economical as to material and washing. There was great ease in handling, and very little trouble in preparing the baby for his daily outing. His cap and extra jacket were donned, and he was placed in his cart without further wrapping up. The pads protected the pillows from the moisture that was likely to soak through the diaper. The cheese-cloth diapers,

two of which, a yard square each, were used, one folded within the other, I found much softer, more absorbent and more easily washed, than those of the regular cotton diaper cloth.

It is now generally admitted by my friends that the little bed was a success, and I wonder greatly why it is not oftener used by the people who have known of it before.

KATHARINE F. REIGHARD.

Ann Arbor, Mich.

Baby's Creeper.

BABY'S creeping days to the neat mother are surely the times that try her soul, to say nothing of the trials to dainty dresses, skirts and flannels. No matter how well a room is kept as regards sweeping and dusting, the condition Baby gets himself in while making several tours of inspection around the apartment is terrifying indeed.

A "creeper" is a practical little garment, calculated to keep the dress and skirts from being soiled, yet in no way interfering with Baby's pleasure. Make an apron of strong, dark gingham or linen; a plain waist with long sleeves which should project fully an inch beyond the white ones of the dress. The skirt of the apron should be about two and a half times the length of the dress. Gather very closely on to the waist, after making a deep hem at the bottom. Through this hem draw an elastic, as for a blouse. When the apron is put on, turn it up under *all* the skirts, and the elastic will adjust itself around the waist, forming a bag, as it were, for the clean clothes. In this way the baby's delight is not marred, nor the mother's fear of "black" underwear realized; for Baby remains as scrupulously tidy, and his clothes as spotless, as though he had never left nurse's arms or his high chair.

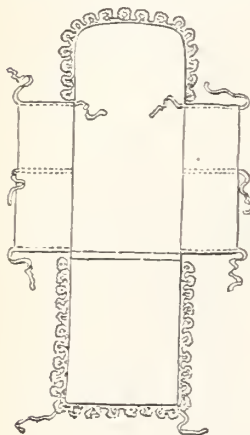
Uniontown, Ala.

B. R. P.

A Splint-Basket Crib.

IN the basket talk which has been lately running in BABYHOOD I fail to find a mention of the basket bed. I have used one for my two children, and my little six-months-old still sleeps in it. Take a square-cornered splint clothes basket, such as can be bought for about thirty cents, remove the handles, pad the inside with a layer of cotton and cover both inside and out with silesia. Over this comes dotted muslin, plaited on the inside and ruffed on the outside. Fasten it securely to the basket with small tacks.

I have seen such baskets covered only on the inside, the handles retained, and the black of



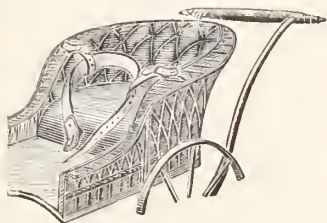
the basket painted in squares of gilt and white. The handles were gilded and tied with white ribbon bows. In this put a pillow and the little comforters, and a dainty bed is ready for the little one.

MRS. S. C. STANTON.

Park Ridge, Ill.

Protecting Belt for the Carriage.

It is surprising that as long as baby carriages have been in use, and as many improvements as have been made in them, both as to comfort and appearance, the dangers arising from children falling and climbing out have not, until lately,



caused any improvement in the strap or belt. A number of these accidents have come to my notice, and an eminent physician told me that, "though parents might not be aware of it, the doctors traced many diseases of the spine to falls from the carriage."

One case I knew of was very pitiful: the child,

a little girl, and the only daughter in a family of boys, was out with the nurse, a heedless girl of sixteen—an alarm of fire was sounded; the nurse started on a run, with the child in the carriage; the wheel hit violently against a tree, and the baby was thrown out and knocked senseless. A week later it died from the effects of the fall.

Another case: a child climbing up on the seat (as all babies will do, when they are strong enough) fell out, and cut its forehead so as to disfigure it for life.

I have used on my child's carriage a combination of three straps, as shown in the drawing; those on the side fasten it to the carriage, while the belt goes around the child's waist; and while it is perfectly comfortable, very effectually prevents any accident. Once the carriage rolled off the walk and upset, but Baby was so securely held in that he was unhurt. The strap is a recent invention; I got mine from a firm in Minnesota that advertises in *BABYHOOD*; and I have found it so useful that I am anxious to "spread the glad tidings" to other mothers, and thereby save other babies, as it has saved mine, from perhaps life-long injuries, maybe death.

In taking the child from the carriage it is only necessary to unbuckle the belt, leaving the side straps in position for future use.

R.

Jacksonville, Fla.

THE MOTHERS' PARLIAMENT.

Delayed Punishments.

—Try to lay few and gentle commands upon children—as few as are compatible with good behavior and upright conduct. For when so many orders and "Don'ts" are spoken, it is especially hard for little hands to keep out of mischief, and too many punishments are apt to harden a child instead of making it more obedient. If punishment must be dealt out, let it be done immediately after the offense is committed, and you have explained *why* it must be.

Let nothing, unless an absolutely unavoidable occurrence, cause you to keep the child in suspense by waiting after you have promised it the unwelcome reward for disobedience. Delay sometimes means forgetfulness, and a consequent weakening of the child's belief in the parent's truthfulness; and while it will not be apt to recall the omission to the parent's mind, it will remember that the chastisement was forgotten

once and may be again, and will not fear so much to do some forbidden thing. Or, the delay may cause a child, especially a timid one, much nervous anxiety, and it may fill up the time that intervenes between the announcement of the punishment and its fulfillment with many gloomy fears. As the pleasures of anticipation are greater than the reality, so the fear of punishment and the anticipation of it are to the child much weightier than its performance. The writer still vividly remembers crawling under a bed to hide and endeavor to avoid the promised and well-deserved chastisement for some misdemeanor, when an unavoidable delay prevented her mother from keeping her word. The hope of being forgotten, the fear of discovery and the dread of the punishment were far out of proportion to the mild "spanking" that eventually followed.

Before we punish we should try to discover whether the disobedience was deliberate and in-

tentional, or, as often happens, merely accidental. A cherished vase, that the child had distinct orders not to touch, may have been pushed over and broken by a careless movement in its vicinity, when the little offender had no intention of approaching the article itself. In a case like this, if any penalty is imposed—and I do not think it should be—it should be very light indeed.

If we are angry, then our anger must have time to cool, or the child will suffer not only for its own offense, but also for our lack of self-control—a double punishment that no one should be made to bear. Above all, do not get into the habit of hitting a child when it is offending. I know of a little lad who positively winces and dodges when his mother approaches him hastily, for fear that she will strike or shake him. This mother, although she has fallen into this unlovely habit, loves her boy tenderly; but she is quick and impetuous, and does not pause to think of the effect her careless blows have upon a nervous, sensitive little lad.

We have all often heard women say to their children, "I'll tell your father if you do that," thus making the father an object of fear, which should never be. When we learn more how to rule by love and not by fear, punishments will be fewer and farther between.—*Caroline S. Valentine, Evansville, Ind.*

Mothers and Fathers.

—A story is told of a father who had a spendthrift son at college, that he wrote the prodigal an elaborate letter of expostulation on his foolish extravagance, and wound up the rebuke with the P. S.: "Your mother encloses \$50 without my knowledge. Make good use of it."

Few are the fathers so simple as the hero of that anecdote, but the number of mothers who go with their children against the admonitions of the head of the family is infinite. I know of a woman who has led her children into the practice of falsehood by training them to deceive their father. When they were young, she often allowed them to do what had been forbidden them, and on these occasions of co-operative insubordination, she would close the permission with the injunction: "Now, don't you tell your father!" When the boys went swimming or skating instead of to school, and she found out their delinquency, she usually kept it concealed from her husband; and whenever he did hear of it, she helped them to frame excuses and interfered to save them from

chastisement. When the girls brought home a bad report from their teacher, the mother would sign the document and let them take it back to class before the father had a chance to examine it. When, through carelessness, they broke dishes or tore their gowns or lost their toys, the mother hid their failing and shielded them from reproach.

Under this maternal tuition, the young folk grew up deceitful, cunning, treacherous and dishonest. To lie was in their creed no crime. To equivocate, to willfully delude by ambiguous statements, to get the best of a bargain by artful misrepresentations—these were to them only evidences of cleverness. Their conscience was warped. Their moral obliquity was the effect of continuous but not deliberate education in falsehood. The mother was foolishly indulgent, and the father, it must be confessed, was severe. There was just enough excuse in his occasional lapses into injudicious strictness, to furnish the beginning of a justification for the subversion of his authority: but the practice of opposing the father grew on her until it had the force of a habit; the children became confirmed in their conduct of looking to the mother for sympathy and support in their infractions of the paternal discipline; and the father, convinced by repeated proofs that his sons and daughters could not be trusted to tell the truth, was made more resolute and more cruel in punishing them.

If any one were to tell that mother that she was responsible for her children's undutifulness to their father, she would resent the imputation; but in due time she will be weighed in the balance and found wanting, and the family, of which she should have been the magnet, will be scattered by dissensions and by hate. This case may be an extreme one, yet it puts into clear light the shadow-loving methods of those mothers who do not mete with the measure of the father, who secretly annul his decrees, and who, without malice, yet with precision, train their children in disobedience and deception.

Akin to this evil is the way some mothers have of making the father a bugbear to the children. When the little ones do wrong, these unwise parents, instead of themselves administering correction, say to the offenders: "Wait until your father comes home. I'll tell him what you've done. Then you'll get it. See if you don't!" Whether or not they keep their word to tell of the delinquents, they do the father a grievous injury. They make him hateful to his offspring.

They drive away from him the affection that is his due. They use him as a bugaboo, and as an ogre he comes to be considered by his children. Influenced by the mother, the young ones associate the thought of him with the idea of punishment. They fear him, and in their dread they forget to be fond of him, to confide in him, and to hold him in honor. They are trained by the action of the mother to detest him.

"A house divided against itself must fall." Happy, on the contrary, is the home in which the father and the mother are a unit in the government of the household, in which the authority of the one is upheld by the other, and in which parents and the children are bound together by a common tie of love.—*Rose Mapes Reilly, Washington, D. C.*

—“A perfect little elf” her papa calls her. She is just two years and four months old, with flaxen curls, large blue eyes, and dimples and roses chasing each other over a laughing face.

But beneath this sunny exterior lies an electric temper, an unbendable will, and an elfish love of mischief. This is the precious little problem for the solution of which I daily ask wisdom. The first lesson I am striving to teach is obedience. I found that the mere command “Theada must” or “must not do so” brought about a severe conflict of will between her and mamma. So one day I took the irrepressible little maid on my lap and explained to her that there was a naughty spirit which liked to get into my little girlie’s heart and make her disobey mamma, and that it grieved mamma, and the dear God, with whom little angel sister lives, when she allowed this naughty spirit to make her disobedient. She caught the idea at once and gravely shook her head, saying, “No more, no more.” Whenever she is disobedient now, I remind her that that naughty spirit has crept into Theada’s heart, and Theada and mamma must try to drive it out. The consequence is that Theada and mamma are not now on opposite sides, but together are interested in sending off this naughty spirit.

Occasionally it is too strongly entrenched to be driven out. So, as I do not believe in corporal punishment, excepting as a last resort and on very special occasions, a pair of bags are brought out. If it is the little hands that have been disobedient a bag is put on each for five minutes, and the baby is placed on a chair for that length of time. If mamma has called and Theada did

not obey, or went where she was forbidden to go, the shoes are slipped off, and, while she sits on a chair, the bags go on the feet for five minutes. Mamma explains meanwhile how grieved she is that her little daughter has been disobedient, and how sorry she is to be obliged to punish her. Usually, before the five minutes have expired, the little maiden has repented, and saying “’Scuse, ’scuse, no more, no more,” wants to be kissed and forgiven. Frequently all this is averted by my saying, “Oh, Theada, I see a naughty spirit trying to get into my little girlie’s heart; let us send it away quickly.” A few motions of the hand, and a smiling little face is turned to me as she says, “Gone, gone.”

This all takes much time and patience; the latter is essential, for a child notices at once and resents all homilies impatiently or angrily delivered. I always feel that I have sinned grievously against my child if I punish her when impatient or angry. As for the time, no other duty is so important as the careful training and developing of this little immortal. Besides, in two years more the *habit* of obedience will have become so fixed that both mother and child will be saved hours of trial and discipline.

There are six rules, which, if followed, would save parents and children much trouble. First—Never punish in anger or impatience. Second—Never punish for accidents. Third—Carefully consider every request, and grant whenever wise and possible. Fourth—Fulfill every promise. Fifth—Avoid *many* commands, but insist upon obedience. Sixth—*Commend heartily.*

Our little daughter already understands that papa and mamma never tell her anything that is not absolutely true; that every promise of reward or threat of punishment will be executed; that Theada must *obey* papa and mamma. We always praise her when her obedience costs much self-denial. The little maiden is already learning to control her quick temper and self-will. When this lesson of self-control is thoroughly learned the battle of life is won.—*M. A. W. Rodger, Hexham, England.*

—Several callers chanced to meet at the home of a young mother, whose first baby was not quite a year old; and in

recounting the child’s progress, as young mothers will, she said complacently, “We have begun to whip the baby,” in the same way that she would have said, “We have begun to feed the

Whipping the Baby.

baby from a cup," as if it was a necessary part of its education.

I am elderly, and know my neighbors' ancestry; and as the conversation drifted on I mused upon the words, which were not new to me. Living next door in the country engenders intimacy. These young parents are church members in good standing, the baby has been duly presented for baptism, and they have promised to prepare her for a useful and triumphant future, by prayer, teaching and example. They believe fully, among other precepts, that sparing the rod spoils the child. They have seen so much in the Bible about the "rod of correction," that they have procured a literal rod, a little riding-whip, with which the helpless baby fingers are whipped; because, according to old-time ideas, the untrained will must be broken—the child must render an unquestioning, doltish obedience. The passages counseling care about provoking children to wrath are seldom considered.

Now let us see another side of this case. The baby is precocious. She creeps, and, of course, makes constant discoveries. But there are certain things which older judgment decides she may not investigate. She might find out that she can break or tear, or she might hurt herself; and her experience has not taught her that repairs are hard to make or perhaps impossible.

But her whippings have taught her this much: Certain forbidden articles are purposely kept within her reach, and she finds that, unless she can get them when papa or mamma are not looking, her fingers will be hurt. She has learned deceit. She has a furtive, watchful look in her pretty eyes, and her motions are becoming quick and stealthy. If she is detected and punished, she clasps the little smarting fingers together, her face puckers and reddens, but she does not cry, only watches with sparkling eyes her temporary conqueror—and her expression is neither sorrowful nor grieving, but angry and vindictive.

There is still another side—the inside—the child's heredity. The father is energetic, high-tempered, obstinate and was a waif. His obstinacy may be called pertinacity, and then indicates the means of his success in business. The mother is a pretty, delicate, nervous, fretful, dull woman, whose ill-health in childhood caused her to be humored (such people, by the way, are often advocates of severe measures in training children). Moreover, of six generations, whose history is known to me, a fractious disposition is a ruling

factor in five. Hypocrisy, slackness and ill-health are also prominent, and environment has intensified these characteristics. It is to be hoped that the inheritance from the unrecorded lines will counteract that from the known lines; but of that we can only judge in after years.

Is it to be wondered at that the poor little conglomerate of a baby is "spunky" and nervous? Does she need the "rod" to irritate and develop that volume of temper within her, or should it be kept dormant as long as possible by the most patient care and endless diversions? A fiery disposition *may* be so disciplined by the most judicious and delicate treatment that it will be a great power for good; otherwise unhappiness will surely come, and perhaps tragedy.

All children have not such a peculiar heredity, but they have *something* from their ancestors, and a whip is a dangerous developer of evil tendencies. If used with wisdom, it is hazardous; and if held by unwise or angry hands, its powers for evil are incalculable.—X.

—I frequently see the need of it being impressed on mothers and nurses that the physician's directions should be followed implicitly. A mother often dares to use her own judgment and what she calls "common sense," often in defiance of the doctor's orders. In a recent severe illness of my mother we were frequently told that "the doctor didn't mean *that*," and "no matter what the doctor says, I should not rouse her for nourishment. Every one knows sleep is the best thing in severe sickness," and other remarks similar. On repeating these remarks to the physician, he said: "It is not sleep; it is stupor. Do not neglect the nourishment; to do so will be fatal." And yet these advisers could not understand why their offers of assistance in nursing were not accepted.

In the case of a friend's child, the amount of medicine ordered was ten drops. I was in the house when the first dose was given. The mother said, "Ten drops; let me see, that's half a spoonful." "Oh, no! sixty drops is a spoonful," I quickly put in. "Well, I can't drop medicine anyway; I guess half a spoonful is near enough." I showed her how to drop it. It was a preparation of pepsin. Suppose it had been laudanum, and there had been no one there to explain the difference between ten drops and a half spoonful? And this woman is not uneducated; would

resent quickly if told she was not a thoughtful mother.

These are but two cases. I know many others, and some among those who are considered to be good nurses. I do not mean those who make nursing a profession, but the kind of woman who is sent for by friends in an emergency until a professional nurse can be obtained.—*W., Reading, Mass.*

More Twins.

—While reading Mrs. Palmer's, *to me*, intensely interesting article "Twins," in the

January BABYHOOD, I laughed to think how much alike all people are everywhere. She in America and I in Europe have been having almost the same experiences; have met the same difficulties and problems, worked out our solutions in much the same manner, and have been asked the same questions.

I shall never forget my feeling when I first saw my twin babies lying close together on one great, soft pillow. Two little live human babies who looked to me then—and, in fact, ever since—like the two prettiest things I had ever seen, but I plead: "Please, God, give me strength to bring them on through their first two years of life!" They are three years and a half old now, healthy, happy and merry—two of BABYHOOD's loyal babies—and there has never been a day, no, nor an hour, when their presence has not been felt as a constant joy and blessing in the house.

More trouble than one? Yes; and more *fun* than one, too! I have always said that the care of my twins has never been so heavy as was the care of my three older children, when one was three and a half, the second seventeen months, and the third a very young infant. The twins have usually needed the same thing done for them both at the same time. I, too, found the bottle a great friend, as my babies weaned themselves from the breast at four months. There was a double quantity of food to be prepared, two bottles to fill, two cribs to keep in order, two blessed little ones to be washed and dressed, and kissed and hugged and petted. *Of course*, they both cried at once. How many times I, too, have been asked that awful question! Please do not think us all hard-hearted when I tell you that to hear them both cry at once used to make the rest of the family laugh. It was so funny to realize that there were, indeed, *two*. It took me months to grow accustomed to the thought, but from the first time I heard them cry, I knew their voices apart, even from another room.

During their infancy I never once mistook one for the other.

Comparisons are never so odious as in the question of babies, especially twins: "Which do you love best?" and "Which do you think the prettier?" The prompt answer was invariably: "Both!" Girlie was the prettier at first—as everybody else said—and the boy, with his magnificent shining eyes, was passed by. I did not like it! Later the boy grew to be superb, and Girlie's beauty fell off a little—so everybody else said—and now they passed her by. Again, I did not like it! But the sweetest question that was asked me was also a conundrum: "Which one do you kiss first?" The answer could scarcely be "Both," so it had to be: "Whichever one I am nearest to, and either or both whenever I get the chance. Between our two darlings we never count our kisses or measure our love."

From the beginning I employed a competent nurse, who is with me still, and here again comes in an advantage of twins, for with only one baby we do not all afford ourselves the luxury of experienced help.

From the first our babies never looked alike, and they differ in disposition and temperament. I confess that, never having known any twins, I also, half unconsciously, entertained the fallacious idea that "twins are only halves of one whole." It was a bit of a surprise to me, too, that they could do different things at the same time; and I was amazed when they began to *quarrel*. They disagree much more than my three older children ever did; but they are deeply devoted to each other, all the same. Boy will shoot Girlie's doll in the eye with his popgun, and manfully disregard her cries, Girlie will run away with his ball, while both together will fight over their building blocks, in a manner truly surprising. Both will pull and snatch at some coveted treasure. Boy slaps Girlie and Girlie slaps back; but woe to the would-be peacemaker who might venture to slap either. Now I think of it, I believe neither of them has ever been slapped.

Give to one of them a biscuit, a handful of sweets, a cake or fruit—not one dainty will be tasted until the other one is served.

Lonely apart, happy together, even when they disagree, they simply love each other with all the strength of their little hearts.

I wonder if other fortunate mothers feel the objection that I do to hearing my babies called "twins." I dislike people to ask: "How are

the twins?" Joe always call them "the babies." I suppose my feeling comes from an instinctive repugnance to having the two classed as one.

Each is a perfect entity, an individual; each is our baby; it is only collectively that they are "*twins*." Also for this reason I have always been glad that my babies are of different sexes; that one is dark, the other fair; one, mercurial, mischievous, fascinating; the other, placid, sweet and *carina*, as we say in Italy.

One baby is a delight, two at once are—what shall I say? Double care? Not quite! Double joy? No! but joy doubled and doubled and doubled again.—*Jeanie P. Rudd, Florence, Italy.*

—Who does not know the devoted mother? She is care-

A Mother's Stumbling-Block. ful and troubled about many things. If she could be persuaded to more leisure, more fresh air, more recreation, she would be far lighter of heart and foot, and her children better and happier.

She feels that the whole duty of a good mother is not done unless she walk beside the little carriage as the baby gets the sunshine; unless she feels the little fingers clutching at her skirts, or hears the merry voices all day long, ringing in her ears; and is assured that nobody can be trusted with Starry Eyes one hour, until sleep falls over the eyelids.

It is an absurd and impracticable theory. Constant supervision need not be constant self-sacrifice.

Oh, the pity of tired mothers! Always tired! Nerves like a spider's web, stretched from the pretty crib to the end of life! Aching, throbbing, beating; while the dear little voices chatter away, the noisy feet and busy hands do a thriving business in doors or out, with only mamma to be imposed upon. "I can't trust *my* precious children with a nurse!"

There is no economy in such service. A wise mother can find a capable, trusty nurse, just as a well-managed bank or store finds honest employés. I do not mean the class of mothers who send their children out with new, untried, unscrupulous women—the abominable mothers whom we all see and read about—but the conscientious, loving, care-taking mother, whose short-sighted judgment leads her to the foolish sacrifice of herself. It is the glory of motherhood to give to our children the conditions of good blood, good brains and sound bodies, to make them perfect through care, love, wisdom and good health.

We know the happiest hours are spent with the

children. Personal supervision is necessary, but constant care and undue anxiety is waste and extravagance. Send the little ones out—out of sight, out of hearing, for an hour or so; often, let them shout and tumble, and fall, and get up again! Let them go in safe places, with a trusted nurse; but let them *go*! Set them adrift for a fresh-air bath. On foot, in pillowed carriages, in the parks or fields, let them see the world.

No mother can afford to be always tired and threadbare. No husband can afford the extravagance of such a servant in his household. The position of his wife, the mother of his boys and girls, is far too important, and none other in the world can fill it again. All work is worthy, as it bears upon our growth upward and heavenward. How can a worn-out mother fashion character?

When you look for a self-controlled, joyous, unselfish mother, who is looked up to by her husband and her children, and to whom is intrusted the highest interests of the *home*, don't look at the woman who "can't trust" her babies out of sight, "can't trust" the work of the house to servants, but carries the heavy baby in her arms, while the little toddling ones drag at her skirts, from morning till the longed-for, prayed-for bedtime. One pair of hands to put on and take off the little garments for a walk or ride, and who wonders at "nervous debility" and the broken-down mothers?

After the children are bathed, fed and sent out, then the mother needs to look for her surplus strength. With fresh air, a friend, a book, a little trip, stillness from the little voices for a time, she gathers strength for the wild, merry, delightful elves who come home for midday meals and naps, and their thousand nameless wants and demands. At night she has a store of things new and sweet and healthful to offer her darlings, when they fall out of the day-time garments, as the petals of wild blossoms fall off the flowers when day is done. She is a new joy, and each morning and evening in such a household is a new day.

A wise old grandmother once said of her neighbor, whose little ones climbed over her chair and talked and teased and made a noise during a call, "I hate to call upon Mary, she is so dragged to death with her children; and when I suggest a good nurse she always replies, 'Oh! I can never trust *my* children with any nurse.'" Tired mothers are many from bitter necessity; but to thousands from short-sighted, narrow-minded

bigotry comes the slavery of a life which should be a kingdom. We owe to our children not alone perfect bodies, but the impress of nobility, in soul, mind, heart and character. The mother

without health and nerve and joy can scarcely attempt these things. They come of fresh air, rest, recreation and unimpaired health.—*Margaret Spencer, Washington, D. C.*

“GOOD—LIKE YOU.”

BY MRS. GEORGE ARCHIBALD.

WHEN I reprov'd my little girl,
Her clear, gray eyes were grieved and wet;
She own'd her fault, for pardon plead,
And spoke some words I can't forget:
“If you were little, just like me,
Would ever you be naughty, too?
If I were only all grown-up,
I could be always good—like you!”

She meant it! Her sweet innocence,
Which sent so sharp and sure a dart,
Knows nothing of the wicked moods
That sometimes sway her mother's heart.
Wrath, envy, folly, discontent,
The selfish impulse—not withstood—
These things accuse me, yet my child
Believes that I am always good.

On Sabbath days the man of God
Reproves me often, unaware;
Ashamed, I hear his earnest voice
My own unworthy deeds declare.
And nobler lives rebuke my own;
But none had ever shaft so true
As she whose loving faith declared
“I could be always good—like you!”

THE RECORD OF THE BABY'S MIND, AND HOW IT MAY BE KEPT.

BY ELIZABETH STOW BROWN, M.D., NEW YORK.

AFTER the publication in *BABYHOOD* of the series of articles on “The Baby's Mind,” a number of letters were received, asking for more explicit directions as to how to keep the suggested record, also inquiring more in detail about the books that had been published for this purpose.

Record Books.

Of those to be had, that written by Francis Galton, and published by the Collective Investigation Committee of the British Medical Association (through Macmillan & Co.), is certainly the best. It is called “The Life History Album.” It is a large, thin book, having forms to be filled out. The points called for are mostly physical; the mental signs receive very little space. The book is arranged for observations at considerable intervals, to be continued till the ages of fifteen or sixteen. For these reasons it will probably be found more satisfactory to the earnest student of the baby's

mind to follow the plan developed in the succeeding pages.

The other books of the sort are formed on the same principles, but are smaller and more elementary.

Preliminary Study.

The first question that the mother asks herself is, “How can I prepare myself for this study of my child so that I may attain the most intelligent as well as the most intimate knowledge of his nature?” Some preparation is required, and the more years of psychological study that precede the advent of the baby, the more valuable will be the record. Dr. G. Stanley Hall, President of Clark University, in Worcester, has in the curriculum a psychogenetic course for prospective teachers, such as would be valuable for prospective mothers as well. It generally happens, however, that but a few months before the baby is expected

the study is determined upon. There are two books that even then there is time to read and digest. These are Sully's "Teacher's Handbook of Psychology," and Preyer's "Mind of the Child." Preyer should be the daily study before you begin the record, your guide and model later. A new interest will attach itself to the details of Preyer's baby's life, when you can compare the little German boy with your own child.

But preliminary study should not confine itself to books. If a child of any age under three is available, make a point of watching him whenever you can, write out detailed descriptions of what he does, and analyze them under the proper psychological heads. If you cannot find a child to watch, have a kitten (or better two), and do not disdain to study and record day by day what the feline infant does. It was De Quincey who saw reflected in the kitten, the lamb and the fawn some of the beauty of human infancy. Perez has written a most charming little book which has not been translated (so far as I know), "*Mes Deux Chats*," in which he describes all the fascinating little gambols of two kittens for the first three months of their lives. Both Perez and Sully call attention to the relationship between interest in animals and interest in children.

Which Parent Shall Keep the Record?

One authority asserts that the mother should, because of her closer acquaintance, her more ample leisure and her more tender interest. Another declaims against the tendency to "baby-worship" and sentimentality on the part of the mother, and declares that the father, with his less partial and more logical mind should make the record. I would propose a compromise: that the mother and father both, but independently, write down their observations, study them together afterwards, but let them stand together in the book, page by page and side by side.

Let the mother take a half-hour or an hour twice a day, the father once a day. It would be better to be alone with the child, or even out of his sight. During the first month, once a day is often enough to test the special senses; afterwards once a week. Then let the other two periods a day be devoted to a description of the spontaneous doings of the child. Describe every movement, sound, expression, action. After a little, give him playthings, one at a time, to see what he will do with them. Note how long attention holds, how soon interest flags. Avoid *making* the child imitate, but watch for spontaneous imitation in movements, and in beginning

of speech. Don't try to teach the child anything except such inhibitive volitions (obedience) as are necessary to the comfort of the family; but put in his way things that he may make use of, if his mind spontaneously grasps them. Remember that his *spontaneous* actions are his valuable ones. Make careful notes of the principles inculcated, how they were presented and how received.

Of course, the ideal way to study a child's mental development would be to isolate him absolutely, and allow no training of any sort; but I think we could hardly sacrifice the child's character to any such end. Obedience and self-sacrifice are among the early steps that take him out of his absorbingly subjective sphere.

The Record Book.

Have a thick blank book with rather large pages. At each observation, note the date, hour and day of the child's life. Leave a wide margin for your later notes. Have a slip containing the tests for the special senses so that you can easily use it from page to page until you learn the order. Answer the sense questions each day in the same order, and by number. This will make it easy to collocate the whole history of each sense if you wish to.

In the following outline, it is taken for granted that my readers have seen the articles on "The Baby's Mind," lately published in *BABYHOOD*, and that they have them at hand for reference.

The Special Senses.

A.—SIGHT.

1. *Sensibility to Light*.—Present child to bright light. Note whether eyes shut tightly, wink rapidly, look widely open, fixedly or wonderingly at the light.

2. *Colors*.—Present objects of the seven primary colors (see "armamentarium" below). Note when gaze is fixed, or general tension (interest) is present.

3. *Movements of Lids*.—How they open and shut, and under what provocation.

4. *Movements of Eyes*.—Note whether move together or not.

5. *Direction of the Look*.—Fixation of eyes on an object. Whether will turn to follow moving object.

6. *Accommodation to Distance*.—Seeing near and distant objects. Approach an object to the face, and see if eyes converge and the gaze is steady. Note if the object holds the gaze when withdrawn in same line.

B.—HEARING.

Test from first day, whether present or not and how increases in acuteness, by speaking, whistling, clapping hands or making any sudden sound. Sensibility shown by signs of disturbance, winking, starting, turning toward sound or being quieted at a soothing sound.

C.—FEELING, OR GENERAL SENSIBILITY.

1. *Sensitiveness to Contact*.—Shown by moving,

shrinking, winking or winking at a touch. Especial sensibility of eye; and of forehead to wet. First perceptions of touch gained through nursing.

2. *Sensitiveness to Temperature*.—Note evidences of content or dissatisfaction on subjection to cold or warm air, cold or warm water. Evidences of being soothed by increased warmth or coolness. See how child reacts to his bath. Try to analyze whether effect due to temperature or contact of wet.

D.—TASTE.

1. *Sensibility to Impressions*.—Test by touching tongue with bitter, sour and sweet substances.

2. *Comparison of Impressions*.—See which is preferred. Note here any evidences of memory—of tastes.

E.—SMELL.

Test with strong odors, pungent, aromatic, sweet, and note effect. (Preyer thinks child in groping about for the nipple distinguishes it from skin of breast by sense of smell.)

Organic Sensations.

1. *Pleasure*.—At nursing, bath, sight of certain objects.

2. *Discomfort*.—From cold, wet, hunger, tight clothing, pins (?).

3. *Hunger*.—How manifested.

4. *Satiety*.—Pushing away the nipple. (Signs of comfort after eating are smiles, opening and shutting eyes, inarticulate sounds.)

5. *Fatigue*. From crying or nursing. How shown. Later, fatigue from use of senses.

Movements.

A.—INVOLUNTARY.

1. *Impulsive*—taking place without previous external excitation.

2. *Reflex*—responsive to external stimulus. Test by touch.

3. *Instinctive*—follow sense-impression and brain distinction.

B.—VOLUNTARY—EVIDENCES OF WILL.

1. Imitative.

2. Expressive.

3. Deliberative.

For further details of movements see the articles in the late numbers of *BABYHOOD*, and Preyer's chapters on the same subject. These movements, except reflex, are not to be tested, but described as they occur, and later, at leisure, classified.

Intellect.

1. *Memory* of sense-impressions.

2. *Reason*, as shown in comparison, association and combination.

3. *Musical sense*.

4. *Emotions*. Fear, anger, love, pity, compassion, cruelty, self-satisfaction, regret, joy, sorrow, surprise.

5. *Consciousness of self*, development of the Ego.

6. *Language*. Description of sounds made, vowels or consonants, syllables, moods, parts of speech.

Armamentarium.

A few special things are needed to test the senses. For a light, a candle or lamp may be

used; for colors, balls of worsted of the seven primary colors, with also one of black and one of gray; for smell, a perfume for a sweet odor, ammonia for pungency, asafetida for the disagreeable; for taste, some tincture of nux vomica as a bitter, simple syrup for sweet, vinegar for sour.

In Conclusion.

If you do not get the record started at birth, do not hesitate to begin it at any time in the first three years of the child's life.

Record nothing but what you actually see and hear.

Many headings overlap upon others, for many things come under more than one division of the subject. Various headings will drop out as the child grows older. As the special senses develop and attain their full powers, they no longer need to be noted. But as the record proceeds, movements become more numerous, complex and interesting; speech and reason and the higher intellectual faculties become more important and take the prominent place in your observations.

And finally, have infinite patience, and with patience great love. With these the baby's record will be a triple blessing: a valuable history, a priceless bond between child and parents, and an inestimable educational experience.

A list of the principal books and magazine articles bearing upon this subject is given below, for purposes of reference:

BALDWIN: *Elementary Psychology and Education*.

DARWIN: *Papers on Infant Development*, Social Science Association, 1882.

SPENCER: *Principles of Psychology*.

GALTON: *Inquiries into Human Faculty*.

GALTON: *English Men of Science, their Nature and Nurture*.

GALTON: *National Inheritances*.

FROEBEL: *Education of Man*.

GRANT ALLEN: *The Color Sense*.

ROMANES: *Animal Intelligence*.

ROMANES: *Mental Evolution in Man*.

TAINE, DARWIN, etc: *Mind*, Vols. II, III, VI.

MURRAY: *Handbook of Psychology*.

LADD: *Physiological Psychology*.

PREYER: *Mind of the Child*.

PEREZ: *First Three Years of Childhood*.

PEREZ: *Mes Deux Chats*.

SULLY: *Teacher's Handbook of Psychology*.

SULLY: *Outlines of Psychology*.

"Babies and Science," *Cornhill Magazine*, May, 1881.

"Baby Linguistics," *English Illustrated Magazine*, November, 1884.

"Contents of Children's Minds," by G. Stanley Hall, *Princeton Review*, 1883.

BABY'S WARDROBE.

Babies' Frocks.

EARLY in the winter *BABYHOOD* noted regretfully the tendency to lengthen the skirts of little children's frocks, rendering them at once a danger and discomfort. Whether there are analogies in fashion as well as in nature, we do not know; but, with the lengthening of women's and children's dresses comes the lengthening of infants', also. After a considerable period of common sense in regard to cutting of garments, the frocks now found at the best shops measure from one and three-quarters to two yards from neck to hem. Of course all the petticoats are made in proportion—unhappily, not all mothers have yet availed themselves of the blessing of the Gertrude suit—and the drag of the increase of weight on the weak backs and feeble muscles of wee babies is painful to think of. It is worse than what commonly comes under the head of "cruelty to children"; for they at least can resent bad treatment, while the babies can only suffer it. There is absolutely nothing to be said in favor of these very long skirts, as they add nothing to the warmth, the comfort or the beauty of a baby. They are simply an unnecessary and unwarranted drain upon its slender vitality.

Bootees.

The little kid moccasins, which of late have been the favorite wear for babies when the days of socks are passed, have developed this season into bootees, the leg part coming as high, relatively, as the buttoned shoe of an older child. Instead, however, of being closed on the top and having a ribbon around the ankle to tie them, they are laced with a cord from the toe of the tongue-piece to the top of the leg. Sometimes the cord and the silk with which they are sewed match the leather; and sometimes they contrast as pale blue, pink, yellow and brown cords with white kid shoes, and white cords with colored shoes. Probably their chief merit, however, is not their appearance, but the fact that they cannot be kicked off, as the moccasins can be and are constantly.

Fabrics and Styles.

The rage for plaids which prevailed through the winter continues, and by far the greatest number of colored frocks, whatever their material, are plaided. The gingham—Scotch, French and

domestic—are exceptionally beautiful; and difficult must be the taste which cannot be suited in this most useful of fabrics. For little boys, chevots, French percales and piqués are much used; but these, too, are chiefly in plaids, all the way from the pin-head check to the quarter yard square. Everything has plain, straight skirts, with all varieties of waists; those dresses especially designed for boys being most frequently made either with jacket fronts, cut to the waist line, or a whole round separate jacket, worn over a dress waist of the goods trimmed with fine embroidery or braid, or over a white waist made entirely of embroidery. Braids of all varieties, and small pearl buttons are the preferred trimmings. The skirts of thick materials are commonly laid in plaits; while in cambric, gingham and other thin goods they are gathered twice, the threads being about three-quarters of an inch apart. In large plaids the skirts are often cut on the bias—a fashion sufficiently ugly on grown folks; while on tots hardly large enough to show more than two repetitions of the pattern, it is inexpressibly unsuitable.

For children just leaving off baby white dresses, no difference in style is made on account of sex; and, except for personal individuality, the heir of the family is indistinguishable from the heiress. A little later, the above-mentioned jackets begin to mark the Johnnies from the Janes; and at three or four, Johnnie wears his round jacket over very full drooping blouses of white cambric, linen, percale and even china silk, with very wide attached lace or embroidery trimmed collars and turned-back cuffs. These blouses and the kilt skirt mark him a future voter, no matter how long his curls, or how fair his skin.

The use of cotton chevots and heavy linen fabrics for frocks has brought about this change, that very little starch is used in the laundering of any wash goods. Even gingham and lawns are only stiffened enough to keep them from being absolutely limp, and the grace of them is enhanced, while the laundress's work is lessened.

Hats and Caps.

The earliest spring exhibits of head coverings show a variety of stiff-shaped, hard-feeling felt hats for boys, and apparently an unlimited choice in military and naval caps. The newest, and the poorest in point of usefulness, are round visorles

caps, after the style of those worn in fatigue dress in the British army. These are always trimmed with varying braids, sometimes black, sometimes gold, and sometimes the two combined, in rows around the band and across the crown. Head-wear for little girls scarcely shows any hats, everything being in the form of caps or scoop bonnets. The latter vary so little, either in shape or decoration, from those of the grown-ups, that the assurance of the saleswoman is needed to distinguish between them. The bonnets are so big that the small wearers look as if they had retired under the shadow of some umbrageous plant, which was richly blossoming over their heads. Flowers and lace, quantities of ribbon, straw braids and butterflies, weigh down the tops; strings tie them uncomfortably under the chin; and altogether they are as far from simple and childlike as strictly fashionable articles usually are. The silk caps, which are almost equally top-heavy, seem a degree less uncomfortable, because they are soft, made either in surah or china silk, and often in the old-time mob-cap style. Almost always they have immense frilled or shirred fronts of silk, or lace over silk; and, with their great clusters of ribbon bows, loops of straw, pompons of lace and other kinds, look as disproportioned to the heads they are designed for as well can be. For babies, the customary muslin cap seems to be giving way to caps of silk, crêpe, surah and lace over silk, at least for the intermediate season. Dotted net over china silk, finished with frills of plain or lace-edged footing, and pompons of the same footing or the narrowest of white ribbon, makes one of the very prettiest of these new caps. They are of every shape, but with a marked tendency toward the round-

crowned cap, instead of the more recent three-piece shape, and the bows and rosettes, instead of being placed directly above the forehead, are often on the left side.

Changes in Coats.

There are not many changes in coats, except that very beautiful ones for wee babies are made of white China silk, lined with a thin layer of wadding tacked to sarsenet silk. These are much lighter than wool materials, and not much warmer, if any, than piqué, so long used for the same purpose in summer. These cloaks are made with shirred waists, not much deeper than yokes, to which the long skirt is gathered, and a small cape falls from under the collar, made of the embroidery—also silk—which trims the cape and sleeves. The bottom has a six-inch hem, and three-inch-wide tucks hemstitched. The chief novelty for short cloaks are those made in large flowered challies on white or very pale grounds, in what may be called Empire style, as they have the back breadths falling from a cord shirring from between the shoulders, after the manner of the Empress Josephine gowns. The very short waists continue the shirring; narrow, flat puffs are set across the tops of the sleeves, and continue down the front to the waist, producing the old-fashioned effect of wings. Other than these Empire coats there is little that is new. Coachmen's capes have almost wholly given way to the jacket-front effect, simulated or otherwise. All sorts of materials are used, and are almost universally trimmed with braid or narrow ribbon similar to braid. Metal braids are used on children's garments, although they are much too showy, and every variety of mixed metal and wool braid.



NURSERY PROBLEMS.

QUESTIONS OF DIET.

Diet at Eleven Months.

To the Editor of BABYHOOD:

I want to consult you about the diet of my baby. She is almost eleven months old, weighs 23 pounds, has six teeth; flesh hard, color rosy, seems perfectly healthy, and is as happy and good as can be. She has thrived on lactated food and clear milk, half and half. She sleeps from 6.30 P.M. till 7 A.M. without waking or feeding, and during the day

takes over one and one-half quarts of the food and milk. Now, shall I keep this diet as long as she seems to do well on it? My mother insists she ought to have something to eat besides milk. Should I make the change, if at all, before summer comes? What should I give her if I change? The lactated food is made from grains partly, so it seems as if a little nitrogenous food should be the next, such as beef juice. When should she be able to take clear milk?

Will you kindly answer these questions, and give

me a list of things she might have during the summer? This is my first child, and I suppose I am rather fussy about her, but, although I dislike to change her food while she is doing well, I want to carry her through the summer all right.

Glens Falls, N. Y.

READER.

As your baby weighs quite enough for its age and is well advanced, and, as you report, in excellent condition, we see no reason to change its diet. Your mother should "show cause" for a change. For our part, if the baby does well, we do not know why milk diet should not be continued until autumn, but there will be no harm in trying a little cereal food, gruels, etc. In asking for nitrogenous food you forget that milk is such in a high degree. We do not give a list of things, because until a child is a year and a half old, especially if the last six months of that time is in hot weather, we prefer to confine the diet to milk, gruel, bread and butter, and possibly an egg; that is our list. When the cool weather comes again you can safely enlarge the list.

Oatmeal Gruel ; Vaccination.

To the Editor of BABYHOOD :

My baby boy is nine months old. He is well and strong, weighs about 25 pounds, and has four teeth (two lower front teeth and two side upper teeth—is this not unusual?). The two upper front teeth are coming through. He is nourished on breast milk, with the addition of two bottles of sterilized milk during the day.

I am urged by friends, who are themselves mothers, to begin feeding the young man on strained oatmeal in addition to his milk. I am told he should have this now—a small quantity to begin with—that his stomach might become accustomed to the mixed diet before summer. I am also advised to have him vaccinated. Will *BABYHOOD* please tell me:

(1) If he should be given the strained oatmeal; if it should be given more than once a day; what quantity to begin with, and how it should be prepared?

(2) If he should be vaccinated now while he is teething?

His teeth do not seem to trouble him very much. He has had no bowel trouble whatever.

Washington, D. C.

Mrs. L.

(1) He may have strained oatmeal—*i. e.*, oatmeal gruel—mixed with his milk as often as he takes his milk. If you use oatmeal porridge at breakfast, a gruel can be easily made by putting as much of it as can be taken up on a tablespoon into a quart of cool water, raise to a boil, stirring to prevent burning, and strain; dilute the milk with the oatmeal water. Some of the steam-cooked meals will make gruel promptly, but ordinary meal should be soaked over night and boiled a long time.

(2) If he is actually teething, delay until an interval occurs, unless there is special danger of

small-pox. It is usual to remind the family physician of the baby's existence before teething has begun, in order to have the vaccination over in good season.

Potatoes.

To the Editor of BABYHOOD :

Kindly tell me through your columns what you consider the diet should be of a child of two years, with sixteen teeth, a good digestion, and an *extremely* good appetite? Do you think potatoes too starchy for a child of his age? I mean boiled, baked or stewed. My little boy is very fond of them, but my physician told me that potatoes were something a child should eat but seldom. I had always supposed before that they were nutritious and extremely easy to digest. I shall be very much obliged if you will tell me what you think of them as an article of food for children.

Chicago, Ill.

H. T. SMITH.

The physician is right about the potato in general. At two years we admit the baked or roasted potato (not boiled or stewed), lightly broken up and salted, not matted down with butter. Put what butter the child needs on his bread. But this potato, even when carefully prepared, we watch as a "suspicious character" to see if it really is well digested.

A child of two years needs four meals: the first at about 7.30; the second at 11 A.M.; the third about 1.30; the fourth, 5.30 P.M. The first meal should be of milk, bread and butter, and perhaps well-cooked oatmeal or wheaten grits. The second meal, milk and bread; and the third, meat (beef, mutton or chicken cut very fine or scraped), broth—or instead baked potato if permitted—and a light dessert, such as a tablespoonful of simple custard, boiled or baked, or the rennet curd called "junket" or "slip." The fourth meal, bread and milk only.

One Cow's Milk.

To the Editor of BABYHOOD :

My physician claims to be a reader of all the best and latest medical journals, and to know all that is going on in the medical world. He claims that only a few physicians favor herd's milk, and that *all* the weight of authority is on the other side. Can you give me names of eminent men with which to refute this claim? It is a matter of some consequence to me, as he lays any disturbance of the digestive organs to that cause.

Oberlin, O.

MRS. E. R. A.

If by "herd's milk" you mean the mixed milk of a herd as compared with that of a single cow, we can only say that we cannot recall any one, at least in America, whom we should call an authority, who now clings to the "one cow's milk" theory. Twenty-five years ago we heard it taught. We have taken up such recent books as are lying at hand, but find no one in favor of

one cow's milk. We mention two authors, because more widely known than the rest, who express their preference for mixed milk. Jacobi (article "Infant Hygiene," in Ziemssen's Cyclopædia, XVIII, 107); Rotch (article "Infant Feeding," in Keating's Cyclopædia, I, 338).

If we have not rightly apprehended your question, please tell us just what you mean and we will try to answer.

Change of Diet at Ten Months.

To the Editor of BABYHOOD:

My little boy, now ten months old, has two teeth; can I soon begin to give him a little something besides milk, and if so, what shall it be? Constipation is his great difficulty, which I hope to overcome by the use of some kind of a laxative. D.

Franklin Falls, N. H.

Yes, you may add gruel to his milk; and in view of his constipation, this gruel would better be made from oatmeal.

SUNDRY TOPICS.

Disturbed Sleep.

To the Editor of BABYHOOD:

My baby is four months old, is large and strong and looks well, but he starts at every sound or touch, and if sleeping, if you but touch his carriage or move a paper, he throws his arms wildly. He never cries after it; the very slightest unexpected noise gives him a shock, and he will jump and jerk for a second. I thought he would outgrow it, as it was probably from the nurse trying to get him used to sleeping while the room was noisy, or because she washed his eyes and mouth out with cold water to arouse him so he would learn to sleep less in the daytime and more in the early night. But it seems to grow worse. I have tried to keep the room quiet since I have had the care of him—that is, since he was a month old. Now, can I stop it, or is it inherited from me (as I am very nervous) and cannot be helped? NEW SUBSCRIBER.

Covington, Ky.

Heredity, doubtless, has something to do with it, but that does not end the matter. He is a light sleeper, evidently. Things especially to be looked to as favoring this excitability are indigestion (slow or labored digestion) and the approach of dentition. If you can hit upon the exciting cause, you will probably be able to help the child much, even if you never get him to sleep as soundly as do some children.

Early Singing.

To the Editor of BABYHOOD:

A vexed question in our house for the past six months has been, shall we allow our little daughter of seven years to sing according to her own sweet will, or shall we put her under the care of a competent master? About a year ago I took a hint from your valuable columns and commenced the "five minutes

a day" piano lessons. We found the study so interesting that we unconsciously began lengthening the lessons, until they were half an hour in duration. She has since been placed under professional care for piano and violin, and has made very marked progress.

With regard to singing, some have said to me: "If you allow your little girl to sing, she will wear her voice out; and when she arrives at the age when she should properly begin voice culture, she will have nothing left but a worn-out, cracked voice." Others have said: "A child has no vocal development." Will not singing develop the voice and make flexible the vocal chords as exercise develops other muscles?

One friend, arguing in favor of putting children under training with a competent singing-master, contends that a voice allowed to remain dormant, or used injudiciously, will, at sixteen years old, be as hard to train as fingers unused to pianoforte playing would be. G.

Gananoque, Can.

BABYHOOD cannot give definite advice which pretends to be "the last word." But this is what it believes: that good training, in the sense of teaching good methods of using the voice, is just as useful in childhood as later, and is a distinct advantage. But training, in the sense of making the voice of a child emulate the feats of a developed vocal organ, will be likely to be a disadvantage.

If we had the care of a promising child's voice, we should treat it precisely as a child's mind or a child's muscle: develop it gently and uniformly by right methods, and reserve feats of strength and skill—mental, muscular or vocal—for the period after development was fully established.

Red Gum.

To the Editor of BABYHOOD:

My baby-girl is six months old to-day. She is plump and usually good. At the age of two months she had red gum, and it was some weeks before she recovered. It, the rash, remained the longest and brightest wherever the wet napkin touched, and even yet comes and goes there. I have read a back number of your magazine, which describes a condition of "the soiled napkin" that corresponds to hers. An orange stain often is present. Please tell me what I can do to remedy this waste, for such I believe the article called it? The opening into the bladder is also a *bright* red. She has been of a very constipated habit, but by giving her a little "brown-bread coffee," I now secure a daily movement. I have been able for over a month now to see four teeth, the upper front ones, but they are not yet through.

My hope is that you can give me definite directions as regards her urine, and also tell me when and how I had best wean her. I have plenty of milk, when I can get it myself to drink (just now the people with whom I am boarding have but little), and have nursed her regularly until six weeks ago, every two hours in the day, once at night—and since, every three hours. I. F. MCJ.

Montgomery Centre, Vt.

The "red gum," and the present rash, are not, strictly speaking, the same, but that is a point of

small moment. The eruption under the napkin is very common, especially if the urine be very acid, as it probably is when the orange deposit is present. To correct this tendency, which is probably due to peculiarities of digestion, in a child on the breast is not easy. Something may be done by giving it water, and we think the condition will probably improve, since you have adopted the three-hour rule in place of the two-hour interval, which was continued rather long. Locally, washing the parts with weak alkaline washes—*e. g.*, lime-water, or very weak soda solution—will allay irritation. If the skin is irritated, great care should be exercised in cleansing the parts frequently, carefully drying them and powdering or dusting them with fuller's earth or similar preparations.

Quality of the Teeth.

To the Editor of BABYHOOD:

(1) My baby, seven months old, is greatly troubled with constipation. I am obliged to use a laxative every other night, and sometimes every night. Soap has little or no effect. What is the best thing to use in a case of this kind?

(2) The baby has been fed on Ridge's Food, for the reason that I have brought one baby up on it, and saw no reason to change if it agreed with her, although other foods are now more extensively advertised. Would BABYHOOD advise changing the food as a help toward regulating the bowels? The baby has eight teeth, having had two before she was three months old.

(3) Is there any truth in the opinion, which seems prevalent, that in early dentition the teeth are not of a quality to last, and would this be likely to have any effect on the second teeth? HELENA.

Portland, Me.

(1) Probably an enema or a glycerine suppository.

(2) If you are sure that the child is doing well upon its food in other respects, we should not recommend changing on account of the constipation, for we think it generally easier to regulate the frequency of evacuations than to suit a food to the digestion.

(3) Not much. It does sometimes happen that in rickets dentition is premature instead of delayed, as is the rule. In such cases the teeth may be poor when cut, or may decay from subsequent disease. If the first teeth keep their places in the jaw, the premature pushing—so far as we have observed—does not affect the second teeth. This is not meant to apply to cases of rickets, however.

The Electric Needle; Calomel; Early Eye Troubles.

To the Editor of BABYHOOD:

(1) To prevent possible sourness in tubes and nipples, my sister-in-law has her baby suck his milk

from a cup through a piece of small-size macaroni, fresh every time; except for the danger of too rapid feeding, do you see any objection to this method?

(2) If a child a year old, makes no attempt to walk or creep, would you think the continued wearing of very long clothes a hindrance to him?

(3) What is cascara?

(4) Would you approve of touching a five-year-old child's enlarged tonsils (chronic) with an electric needle at white heat, to shrivel them up?

(5) What are the after effects of calomel? During my oldest boy's third summer (1890), he had a very severe bowel trouble, for which our doctor gave powders, in which there was calomel. Some time after his recovery, the boy woke in the night several different times, crying with pain in his knees and down to his ankles. In the first week in December, he had a bilious attack, and was given calomel pellets and other powders. The last week in December, he had tonsillitis, and the doctor said his powders, this time, were calomel and sulphur. Several nights before Christmas, and on January 17th, he woke at night crying with his knees again. He had not strained his muscles on the ice, for his out-door life is spent on an exceptionally wide and long south veranda. Our doctor thinks the pain may be malarial rheumatism, though the boy shows no other signs of malaria now; last summer, he had a few sleepy, feverish days. Do you think he has had too much calomel?

(6) Is every kind of vaginal discharge likely to injure a baby's eyes? If not, what kind is?

(7) Does the possible blindness come within a few months or years?

(8) Is it probable my baby has any trouble of that sort, as she often has swollen eyelids, with dry matter on her lashes when she wakes in the morning, and had her eyes completely gummed up when five, six and seven days old? They have been thoroughly bathed with warm water every morning, and no one seeing her after 9 A.M., would suspect that she ever had even a cold.

I would like to write three or four pages on the subject of Gertrude baby clothes; for I have had three babies dressed in them, and I feel competent to judge.

BETTY

Gilderleeve, Conn.

(1) Practically we presume that no harm arises from the macaroni, but its use is based on some misconceptions. First, there is no use for a tube at all; second, a well-cleansed nipple is more likely to be sweet than a pipe of macaroni. Why not feed from the cup directly?

(2) Yes. He ought to have had free limbs six months ago.

(3) Cascara sagrada is the bark of the Rhamnus Purshiana, a tree allied to the buckthorn (*R. frangula*), and is considered a safe and useful cathartic or laxative, according to dose.

(4) Yes, if it were advised and done by a competent physician. Its effects are often very satisfactory.

(5) The knee trouble probably had no relation to the calomel. We do not think he had too much of the drug. It has undoubtedly after-effects; but about thirty years ago it was the fashion to charge everything that was disagreeable to

abuse of calomel, and it became a sort of scape-goat, and therefore a very useful remedy was for some time much neglected. In your child's case we would suggest a careful watch of the knee pain, as being possibly due to some joint trouble, either in the hip or knee.

(6) Not necessarily, but as it is not possible to describe the kinds so that they may be distinguished by a lay reader, it is better to be exceedingly careful to cleanse the child's eyes immediately after delivery.

(7) The trouble begins promptly if at all. Of course a poisonous discharge might by chance be carried to the eyes later, as it sometimes is to those of adults, but usually the mischief is done, if at all, during labor. But, by way of reassurance, we would say that in this country, outside of hospitals, these serious eye inflammations are not common.

(8) Probably not. The trouble seems to be too mild, but it ought to be cured promptly to prevent its becoming chronic.

Phimosis.

To the Editor of BABYHOOD :

I come to BABYHOOD to know if my little boy is troubled with a form of phimosis. I think he was perfectly formed when born, but before the end of his first year I noticed the opening at the end was turned to one side ; so that now (at the age of three years and nine months), in making water, it passes toward the right limb. His general health seems good ; weighs 42 pounds, eats and sleeps well, though he seems to have some difficulty in holding his water, and is very nervous and easily irritated. Is a surgical operation necessary, or will he outgrow the trouble in time ? A YOUNG MOTHER.

St. Louis, Mo.

Probably he has some form of phimosis. But phimosis is, we think, the rule in young children, and needs interference in exceptional cases only. Perhaps in his case simple dilatation of the opening may be enough, but this can only be decided by a physician after examination. You mention no symptoms showing trouble.

A Potato Poultice.

To the Editor of BABYHOOD :

Let me relate a method recommended to me by a Scotch nurse, and tried three times by me with most happy results, for treating croup. My baby's life was given up by the physicians when Jessie begged me to try the potato remedy. She boiled a dozen potatoes, brought them to the room, put one in Baby's small woolen stocking, and bound it around his throat as hot as could be borne. The relief was immediate; as soon as it cooled we prepared another, by re-warming a potato in water over a spirit lamp, put it in another little stocking and changed quickly. We used but the two stockings alternately, as it was in the last stages of the

disease. We kept them on all day and all night. When he awoke in the morning he was completely covered with water blisters, but the croup had *disappeared*. Since then the first croupy cough means "hot potatoes" immediately, and the disease has never fully established itself since. It has the advantage over hot water in not wetting the clothing, and it may be the medicinal properties of the potato—for is it not of the belladonna family?—have some efficacy.

Marquette, Mich.

MRS. J. M. L.

The boiled potato in a stocking is an old-time method of applying heat with some moisture—in short, a poultice. We remember the circumstantial manner in which an aged physician—since dead—detailed his using this means to rally a case of cholera in collapse in the epidemic of 1832. The effect is in no way due to any medicinal property of the potato, but simply to the physical fact that a potato keeps up for some time its supply of heat. In the case related the heat was so intense that unintentionally the old-fashioned remedy of a blister was tried in a clumsy fashion.

The only surprising point in the case is that physicians should "give up" a life (if they really said so) from obstruction of breathing while the child still breathed, knowing, as they must have known, even if unprepared to open the throat, the suddenness with which spasmodic croup (as this seems to have been) ends in many or most cases.

Irregularity in Sleep.

To the Editor of BABYHOOD :

My baby boy of seven months is very troublesome regarding sleep. Through the day he scarcely sleeps at all, he will sometimes drop asleep when nursing, but when he is laid down, no matter how carefully, he will wake up. That would not be so bad, if he would sleep when evening (say seven o'clock) comes, but it is the same way then. When he is undressed and nursed, I can sometimes put him to bed, but in a little while he wakes and cries. When taken up and held in my arms, he will sleep, but soon as laid down he will wake. He is not a cross baby, being healthy and fat ; weighs twenty-five pounds, and has had the two lower incisors three weeks.

He has never had anything but breast milk so far. I have been advised to give him a meal of Carnrick's food at night for the sake of my own health, I being very low-spirited, but I cannot get him to take the bottle. Would it be advisable to wean him before the summer comes, or shall I have to nurse him through the hot weather, it being his second summer? My other baby, now four years old, I weaned at twelve months, but that was in October. I shall be very glad of your advice, for I think highly of BABYHOOD. A NEW SUBSCRIBER.

Brooklyn, N. Y.

It is not possible to say offhand what is the cause of your baby's restlessness. The fact that he sleeps when held, but not when laid down,

suggests the probability that when younger he acquired, as is very often the case, the habit of being "put to sleep" in arms. Not infrequently in such cases the result is as you describe. There may be additional causes of wakefulness. Some discomfort from cutting teeth, or something else, but an opinion regarding it would be mere guessing on our part without seeing the case.

You would better wean the child before the hot weather—*i. e.*, before June—rather than attempt to carry him through the summer on the breast.

Regularity of Sleeping-Hours.

To the Editor of BABYHOOD:

I hear of babies who go to sleep at seven in the evening and sleep till morning with but one nursing during the night, and sometimes without that. I am anxious to know if there is any way to train a baby to this habit. My three-months-old boy is at his brightest from six or seven till ten or eleven or later. I have tried keeping him awake during the afternoon, but it does not seem to make any difference. K. G. H.

Ohio.

We can hardly do better than refer you to Dr. Holt's articles on training a child to regular habits of food and sleep, in *BABYHOOD* Nos. 59, 60 and 62, which we have been repeatedly assured have proved to be a great help to many readers. (The one in No. 60, November, 1889, relates especially to sleep.) These numbers may be obtained by mail at 15 cents each.

Hives; Weaning.

To the Editor of BABYHOOD:

(1) Can you tell me if there is any cure for hives? My nineteen months' girl has had them for six months, badly at first, and now lighter. Our doctor, a very good one, dislikes to treat except in extreme cases, and then with arsenic. We next tried a homeopathic doctor, who did a little good, but with no cure as yet.

(2) She utterly refuses to take food from a spoon, and lives almost exclusively on milk, with such bits of good bread or cracker as she will eat from her hand. Drinks over a quart and a half a day. Is this all right? I was obliged to feed her oat-meal nearly a year ago to move her bowels, as she was extremely constipated and had always been. It set her bowels right, but she will not touch it now, or anything else I try to give her.

(3) Also, I have a nursing baby, born in September, doing very well till a month ago, when the menses reappeared, and she became fussier, but still thrives. Should I wean her in April or May, at seven or eight months, or wean her at once, or try to nurse her through the summer? Does such early reappearance necessitate earlier weaning? It happened with my first at six weeks and I had to partly feed her Nestle's food, till nine months, and then weaned her. MENDOCINO.

(1) Yes, there are cures for hives, but the cure depends upon the cause in each case. If you

will look back to your number for August, 1890, you will find an article on the subject.

(2) It is all right for her to live on bread and milk alone, provided her digestion is in good condition, which, however, in view of the existing hives, may be doubted. She will quickly learn to drink from a cup if she cannot get the milk in any other way.

(3) All things considered—unless your physician knows some reason in this particular case to the contrary—we think early weaning would be much better than trying to nurse through the summer a child who would certainly need some extra food, and probably would practically get nothing from you by the time hot weather really was with you.

A Broad Subject.

To the Editor of BABYHOOD:

Please give me information on how a baby should be dressed; all that you will let me know on this topic will be a great benefit. M. S. J.

Cedar Rapids, Ia.

The question is too indefinite, the age not being stated. For first-clothes we recommend the Gertrude suit. (The advertisement of the patterns is published in most issues of *BABYHOOD*.) For other clothing, hints and directions are always to be found in the department "Baby's Wardrobe." The number for last October, containing certain lists, may answer your purpose; or if you will make the inquiry more specific, we shall try to give the information particularly wanted.

Condensed Reply.

Mrs. E. M. W., South Forty-ninth Street, Philadelphia.—The weight is rather light—not very much so, supposing the baby to have an ordinary amount of clothing.

Canned condensed milk has extra sugar in it; but, diluted so much as you have used it, it has less by far than breast milk, and about the same as cow's milk, but a different sugar, of course. But diluted condensed milk is very deficient in fat, as compared with natural milk. The same peculiarities, as to sugar and fat, appear in an examination of Mellin's food. If this food is used, good rich milk, and not condensed milk, should go with it.

The child is old enough to be weaned, and the process would better be over before hot weather is upon you. He has now seven meals in twenty-four hours. Six, and probably five, are, and have for a long time been, quite enough. For the weaning, a good quality of cow's milk, somewhat diluted with gruel, sterilized, will probably be the best thing. If the baby's food is not well digested, it may be partially peptonized.

CURRENT TOPICS.

An Important Institution.

THE advantages which the Babies' Wards offer free to the sick children of the poor are threefold. 1st. A hospital which is open throughout the whole year. 2d. A corps of trained nurses capable of giving intelligent, conscientious and loving care to the poorest and most neglected little one. 3d. In addition to the constant services of a skilled attending physician, with three house assistants, the Babies' Wards have at their daily command the services of the whole faculty of the Post-Graduate School, 38 in number, embracing men as skillful as any country in the world affords, in every department of medicine and surgery. It is with deep thankfulness that we can say truly that the Babies' Wards now give free of charge to the sick child of the poorest, most friendless woman as good nursing, medical and surgical skill as the child of the millionaire can command.

But we do not appeal for support only on the ground of the help given to the sick poor. Our plea is based on broader grounds. As you read these lines, surrounded perhaps by every luxury, you may say, carelessly, "What have I to do with those poor tenement-house children, who had really better die than grow up?" But next summer, you and your little ones, so precious to you, are far away in some country wilderness. Your baby sickens mysteriously, and its one chance for life lies in the fact that the country physician within your call, perhaps at great personal sacrifice, had left his home and work the winter before and gone to study the latest treatment of sick children at those very Babies' Wards in which you thought you had no interest.

Over four hundred physicians from all parts of the country (in the course of a single year) come to the Post-Graduate School for higher instruction. The Babies' Wards are daily visited, and every detail of treatment and management scrutinized. Cases and remedies are carefully explained to all those studying the diseases of childhood; and when—as has often happened during the past year—some critical surgical operation, performed by the best talent in the city, has restored life and usefulness to a little child, some disease once pronounced hopeless has yielded to a new remedy, we have felt with profound gratitude that the results not only affected

our patients, but that the little ones all over the country might bless the Babies' Wards. * * *

Again, with many of the little ones who are brought to us, it is not a question of death if they were left alone, but of growing up into a life of hopeless deformity and suffering. The misery often endured by a helpless cripple among the very poor cannot even be realized except by one who has witnessed it, and yet they live for many years in an agony which might have been averted if they had received the proper treatment in infancy. A number of our babies, through critical surgical operations, possible only with the skill and trained attendance of a hospital, have been rescued from such a life and put in the way of growing up healthy and self-supporting. The devotion of some of the poorest, even most degraded, women, to their sick babies is very touching, and saving the little one has, in at least one instance during the past year, been the salvation of mother as well.

We cannot measure the beautiful possibilities which lie in every child's existence. Some of the great men of the world were born in a gutter, and a little waif whose life has been given back to it at the Babies' Wards, may do a work in the world which shall live long after we, who are discussing whether he hadn't better be left to die, are dead and forgotten.

One more class remains to be accounted for. Again and again, babies are brought to us dying, sometimes even deserted by the mother, who perhaps was destitute of the money necessary to bury the child. We take them in, only to swell the hospital death rate, and to hear some critics say: "Well, certainly those are not legitimate cases, when absolutely nothing can be done for them." And yet God forbid that the doors of the Babies' Wards should ever be closed to even a dying child! You open your window to take in the poor little dying bird, warm it in your bosom, and let it flutter out its life in tender hands. And shall we do less for the little soul whose few weeks have been spent in want and suffering, but whose dying hours we can at least soothe with the loving care it has perhaps never before known? One day last summer a woman ragged, footsore and absolutely penniless, came to our doors, carrying a dying child. Deserted by her husband, turned out of doors in debt for her rent, with a

baby for whom she had no food, she had spent the preceding night in a doorway. She had walked literally miles during the day, going from one institution to another to find nourishment for the child and a roof under which it might die, but not one charity in all the city could be found which would admit so sick a baby, until at last somebody suggested the Babies' Wards, and she reached us exhausted, saying, "If you can't take her, we must lie down in the gutter and die." Let us be thankful that there are places in the city where a baby may have room to die in peace, without causing a thought of whether its death will not increase the percentage of mortality. * * *

Two hundred dollars yearly will support a bed. We allow an average of a little over three weeks' stay to each child, so that, for two hundred dollars, at least sixteen little ones may be given the chance of restoration to strength and activity, as well as all the comforts and alleviations of suffering that the hospital affords. During the past year ten beds were supported, but some of these, through unavoidable circumstances, will not be renewed during the present year, so we are most anxious to secure further help in this direction. Will not some school, society or church, as well as generous individuals, assist us in this most necessary way?—*From Report of Ladies' Auxiliary Committee, Post-Graduate College Hospital, New York.*

Misjudged Faults.

HAWTHORNE somewhere compares the dogmas of Christianity to stained-glass windows: dreary and meaningless, viewed from without; visions of glory seen from within and illuminated by sunlight. Thus in character a fault is some times a virtue seen wrong side out. Obstinance may be only the firmness of will that is to make the life "not merely good, but good for something." Noise and restlessness may be the involuntary expression of an overflowing activity of body and mind that only needs to be rightly directed.

A striking illustration of this point is seen in the different views taken of the so-called destructiveness of young children. Mothers and teachers have too often seen in this desire to examine and pull apart, to break, bend and twist, the nearest object at hand, only a kind of natural depravity, a real example of original sin. Froebel saw that

the instinct is not destructiveness, but investigation—that the child is really constructive in his tendencies; left to himself he molds sand and clay and builds with bits of wood and stone. Just so the obstinate boy may turn out to be the man of will and purpose; the noisy girl may make the energetic and helpful woman.

The convenience of teacher or parent is not a reliable test of the "goodness" of any of the child's characteristics. For instance, quiet is a good thing when it is needed for work, but the quiet pupil is not necessarily the good one; he may be quiet because he is apathetic, sullen or deceitful. Then, too, some faults are simply an exaggeration of qualities good enough in themselves. Zeal is a virtue, but pushed too far it is a very troublesome one. Or perhaps the child displays a trait that is undesirable simply because it is in the wrong place, is misdirected. A lively imagination, left unguided, frequently leads to the telling of falsehoods. Teachers should consider whether the qualities they think wrong in the children do not need to be directed rather than suppressed. A fault may be a virtue inside out, or out of place.—*New York School Journal.*

Lavish Distribution of Learning.

UNCLE SILAS BROWN is very much gratified over his election to the office of School Commissioner in the town of S—. He asserted that when he assumed the duties of his position he intended to go into it for all it was worth, and make his influence felt. So no one was surprised at the first meeting of the new board to find him in a pugnacious mood.

"I've heern lots o' complaints about the lack of eddication about these parts," he said, rising to his feet. "Now there ain't no excuse for this here state of affairs. There's plenty of eddication in the world. More'n enough to go round, and our kids have got ter have it. So I move, Mr. Chairman, that this committee find out jest how many boys 'n' gals there are in town, 'n' then get enough eddication to supply 'em all, whatever it costs. I'd like to know whar *we'd* be ef we hadn't got our full share of it. Give the kids a chanacet."

It is a pleasure to announce that Uncle Silas's remarks were received with applause, and that the "kids" got quite as much education as most of them could stand.—*Harper's Magazine.*



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

MAY, 1891.

No. 78.

THE approach of the summer season makes especially pertinent some allusion to the peculiar and avoidable dangers to be borne in mind by those who are preparing for the seaside and other resorts. Questions of drainage and water supply are often little thought of in the selection of a summer home, the main attention being given to general appearances of comfort and the number of rooms available. In certain parts of England a register is kept by local sanitary officers of lodgings and houses that are wholesome in point of construction and water supply, and it would be a most desirable safeguard if this information were generally available in this country. Certainly nothing can be more important than that the change from city to country home should be free from unsanitary surroundings, and that the period of acclimation to the new surroundings should not be accompanied by the special dangers just alluded to. Surface wells should be regarded with the utmost suspicion, and their surroundings should be carefully investigated. Freedom from any recent case of infectious disease should be insisted upon, and inquiries made to determine this satisfactorily. It is especially necessary that the milk supply should be pure and free from adulteration or contagion. There is a general impression that there is little risk in country milk, and that it comes to the sojourner there very much as the sunshine and the air; but adulteration of food products is by no means confined to city life, and the temptation to make the most of a scant supply in times of especial demand is not always resisted. That milk is a very common carrier of contagion is a very thoroughly settled fact, and while the country boarder cannot always tell the con-

dition and surroundings of the herd from which his milk comes, he can protect himself by boiling all milk, which, away from home, is the only safe course to pursue. A consultation with the family physician as to the general choice of region best adapted to the children is a wise preliminary, and he, by correspondence with local sanitary offices, where they exist, can be of great assistance in choosing wisely a summer home.

The easy contamination of manners and morals that comes where children play together without sufficient supervision is one especially noteworthy, of course, at ages somewhat beyond the immediate scope of BABYHOOD. But the evil, which seems to be a growing one, especially in large cities, is one that menaces youth at a very early age. Where shall our children play, and with whom shall they associate? are most important questions too often left to chance surroundings to decide. The children of the block are not always, alas! those we would choose as companions for our boys and girls, nor is the street an ideal place for them to play. If they use the latter as a playground, any careful selection of companions among the miscellaneous groups about them will be difficult, and any attempt to enforce it there will be prone to lead to a local notoriety that, to say the least, will prove quite undesirable. Yield anything, however, in convenience and personal comfort to the point of securing for your children at home or away from it, opportunity for the indulgence of healthful sport with associates of whom you can heartily approve.

The adoption of the "Gertrude suit" by a new citizen of a rural locality in New York

State has quite upset the equanimity of the place, according to a letter sent us by the citizen's mother. He arrived last November, and his dress immediately became the talk of the town, some saying that he would surely be "a bad shape," and others, that "he would never live" to be any shape. But he is now in good form, healthy and bright, weighs 25 pounds, and has two teeth. The mother adds:

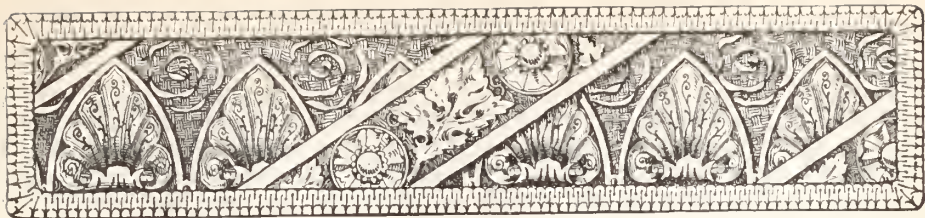
"He has been a great curiosity hereabouts. The matter has been almost a nuisance, so much being said and so many coming to see the 'sample baby,' as he has been called. But we have given the Gertrude suit all the credit for his rapid development, and many say they shall adopt it. I wrote an article setting forth the superior qualities of the suit, which was published in one of our local papers, and was commented upon quite extensively."

In other words, the denizens of that benighted region have seen a great light, and it is probable that generations, yet unborn, thereabouts, will be spared the starched clothes and innumerable pins that goaded their forefathers and foremothers into becoming disturbers of the peace by day and night, and will live to become active canvassers in the interest of BABYHOOD.

United action on the part of parents is as essential to success in home government as it is on the part of those charged with the conduct of States or the discipline of armies. Nothing in military history is more humiliating reading than the record of great battles lost by jealousy or other lack of unanimity of commanders who, having it in their power to accomplish a great purpose, were unable to rise above their personal disagreements sufficiently to reap the advantage of the situation. The enthusiasm of philanthropists is often nullified by individual differences just at the time of their greatest possible usefulness. Religion's work is blocked by sectarian quarrels. What is thus enacted in public matters is too often repeated in the home life; it is families that make nations, and children of quarreling parents can hardly make good citizens, except by chance. We are led to say a word upon this subject by occasional letters which we receive—we are glad to say they are few and far between—

intended for publication, and containing slurs of husband upon wife or wife upon husband, in terms stronger than will pass for a joke or good humor. We would say to all such writers that there never will be any room in BABYHOOD for sentiments of that character; that it is impossible for it to find space for a tithe of the acceptable communications which come to it, charming in their spirit of tenderness and self-forgotten devotion to the interests of infancy. We will venture the guess, that any father and mother who will devote half an hour a day to the exclusive society of their child or children, bringing themselves down to their level and intimately associating themselves with every detail of their individuality, will find themselves, before long, in the front ranks of those who have neither time nor inclination to quarrel with anybody about anything.

Jewelry and infancy are so incongruous that there is no possible fitness in their association. To trick out the infantile morsel of sweet simplicity in gauds of gold and silver seems indeed a profanation. But, alas, few are content with purity, innocence and sweet simplicity. They would fain paint the lily, gild refined gold, and so they hang chains about Baby's neck, pin clasps about its sleeves, and even force rings upon the tender fingers. Can insensibility and bad taste further go? There is, moreover, an even more serious objection to this practice than the æsthetic one. The use of the necklace clasp may be a matter of taste, but the ring, as many physicians can testify from their experience, has so frequently proved a danger to rapidly growing infancy that we trust it may be generally discarded, especially since it has frequently to be removed by operation from fingers after it has set up serious congestion and inflammation. Of course not every baby that has a ring on its finger is hurt by it, either in body or in looks, but every mother ought to remember the saying of the German dramatist Lessing: "If we are beautiful we are most beautiful unadorned," and apply it to her baby, whether girl or boy.



CHRONIC THROAT TROUBLES RESULTING FROM DIPHTHERIA AND SCARLET FEVER, AND HOW TO PREVENT THEM.

BY D. BRYSON DELAVAN, M.D.

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THE physician must often be surprised at the frequency with which a patient will refer the beginning of some chronic condition of the throat to an attack of diphtheria or scarlet fever. Indeed, experience has caused the writer to believe that a considerable proportion of catarrhal diseases of the throat and nose have their origin in one of the above complaints. So often has he observed cases in which this has been true, that it has seemed important to study the matter more carefully than has been the custom, in order to learn, if possible, the relation of cause and effect between the acute diseases and the chronic ones which follow them, and to discover the best means by which the mischief, once threatened, may be prevented. As is well known, diphtheria and the throat symptoms of scarlet fever are diseases which cause intense inflammation. This inflammation attacks in general two different and distinct elements of the throat, and in order to understand its effects it is necessary that we should know what these elements are.

In the first place, it affects the mucous membrane or lining of the pharynx and nose. In addition to the mucous membrane which covers the throat, there are found upon it here and there masses of tissue which are quite different in construction from the mucous membrane. Such collections, for instance, are the tonsils. This tissue is not confined to the tonsils, however, but is scattered about through the whole of the pharynx, above the tonsils at the back of the throat, at the base of the tongue, and more particularly

at the highest part of the throat, that region known as the vault of the pharynx, situated behind the nose and far up above the cavity of the mouth. The effect of inflammation upon the mucous membrane is to cause it to be redder and more sensitive than usual; the effect of inflammation upon the glandular bodies just mentioned is to cause them to swell and become much larger than in a state of health. This swelling of the glandular tissue of the throat almost invariably occurs during attacks of diphtheria and scarlet fever. In the course of convalescence, while the other symptoms may subside, inflammation of the mucous membrane and enlargement of the glandular tissue do not always disappear. On the contrary, they are apt to proceed until they have become chronic, or, while they may subside for a time, the throat is left in a highly sensitive condition, much more susceptible to cold than before the attack, and with every cold the inflammation or enlargement returns. This goes on until the difficulty has become chronic.

It is the custom in treating diphtheria or scarlet fever for the doctor to attend regularly until convalescence has set in, or for him to stop the local treatment of the throat after the urgent symptoms of the disease have subsided, and then, having administered a tonic, perhaps, or some such treatment, to regard the case as cured. That this latter is not true, and that the work is often left unfinished, is proved by the frequency with which the acute disorders of the throat, as already stated, become chronic. While the

writer believes that the effects of diphtheria are such that in some severe cases no subsequent treatment will ever entirely restore the throat to the same condition in which it was before the attack, and while the patient will for a long time after be susceptible to colds, the throat being more or less permanently weakened, he believes, nevertheless, that great good can be done and at least some of the evil consequences of diphtheria avoided, if the following facts be more clearly recognized:

(1) That diphtheria and scarlet fever almost invariably leave the throat weakened and susceptible to further injury; (2) that in this condition permanent disease is apt to be established; (3) that the treatment of the throat symptoms during the acute stages alone of diphtheria is not sufficient to give all the results which can be obtained in these cases, but that great benefit can be accomplished by following up the case during or after convalescence and by careful treatment, both local and general, the aim being to cause as complete disappearance as possible of all results of the acute condition and in the shortest possible amount of time. Of course the longer the inflammation of the throat continues, the more difficult as a rule it is to cure it. In a large majority of instances the chronic results of diphtheria, although present, are not noticed until months or perhaps years after the occurrence of the acute attack, and then when finally brought to the attention of the doctor, it is too late to more than palliate them. Thus a child may suffer from enlarged tonsils, from adenoid vegetations at the vault of the pharynx, from nasal catarrh, from chronic laryngitis or from a general inflammation of the whole throat and nose, which may interfere with his general development and be a great drawback in many ways to his welfare. These troubles of the throat, moreover, are apt to have disastrous effects upon the hearing, and this is particularly the case in scarlet fever, where inflammation of the ear is likely to be originated by the disease, or, once having started, to be kept up and aggravated by the unnatural condition of the throat until the hearing is perhaps permanently lost and chronic disease of the ear

established, which may follow the patient through life, a source of serious discomfort and, sometimes, of acute suffering and even death. If those having charge of the child could only recognize the facts as stated here, we believe that trouble might be prevented much more easily than would be supposed, for while the treatment of complicated difficulties of the throat is not an easy matter, much can be accomplished in these cases, particularly with the aid of a physician. Together with this help the proper regulation of the life of the child and his habits will be found of great service.

Supposing a child to have convalesced from diphtheria, the following rules should be rigidly carried out: In the first place a thorough examination should be made of all of the upper air passages, the nose, the upper part of the pharynx, the mouth and the tonsils. It will generally be found that where the disease has been most severe—that is, where there has been the greatest deposit of diphtheritic membrane—there the resulting inflammation will be the most intense. If the diphtheria have been nasal, we are apt to find that the greatest amount of catarrhal trouble will remain in the nose. If it have been located upon the tonsils, then these organs will be permanently large and inflamed. If it be discovered that the inflammation is not limited to any one part of the throat, but that it is distributed generally, we should aim first by general means, and second by local treatment of the case, to bring about a return to the natural condition. In the first place the child should be placed on a course of tonic treatment, the basis of which should be iron in some form. Few persons realize the lasting effects upon the constitution of a child of a disease of this kind. After the acute symptoms have subsided, and the patient has been pronounced well, he will often appear to be nervous, with fitful appetite, easily tired, and above all things, lacking in color, pale and delicate. The administration of iron, therefore, is of the utmost importance, and of all remedies at hand, this is probably the best. Cod liver oil also is a most valuable tonic, and may well

be administered together with the iron. The tonic treatment should be persisted in systematically, if necessary, for a long period of time, and should not be given up until the child is evidently ruddy and strong again.

In addition to the treatment just mentioned, bathing is also valuable. Salt-water baths, applied with a sponge, the water being not too cold, and their application being followed by good rubbing, are often beneficial. Care should be taken, however, not to shock the child, and it is imperative that he be not allowed to become chilled during any part of the process. Change of air may also prove beneficial, and if it be possible the child should be allowed to have it in case it should be needed. Over-fatigue must be avoided, and a proper course of diet insisted upon. Sufficient sleep should be allowed, and measures should be used to promote, if possible, the healthy action of the throat. An excellent plan is that of bathing the throat and neck every morning in salt water, then rubbing it well until it is dry and warmed; the greatest possible care should be taken to prevent catching cold, and when colds are taken, they should be treated at once in order to break them up or to shorten their course, if possible. Treatment should be carried out, as a rule, under the advice of a competent physician, as, no matter how well otherwise the child may be, a proper course of local treatment directed to the troubles of the nose and throat will generally

be of much benefit to him. It is a great mistake, although a common one, to suppose that catarrhal troubles can be treated only in adult life; on the contrary, it is true that during the time of childhood we are able to treat them to the best advantage, for the longer they have existed, the more difficult they are to overcome. Acute attacks of throat disorders of all kinds should be taken promptly in hand, and relieved as quickly as possible. Enlargement of the tonsils, of the adenoid tissue at the vault of the pharynx, and of other parts of the throat should be reduced to the natural condition by special treatment, now so successfully practiced in this class of cases, and all sources of irritation should be removed, in order that their presence may not serve to increase the inflammation of the surrounding parts and thus aggravate the whole trouble.

By the careful recognition of the above facts, and by the intelligent use of the means of prevention which we possess, much good may be accomplished and many and great evils averted. It is but right, therefore, that those having the care of children who have suffered from the acute infectious diseases which affect the throat, should insist upon such cases being watched and treated until at least a maximum amount of relief to the throat has been afforded and the child placed in the best possible condition for healthy development and perfect growth.



THE MANAGEMENT OF BOWLEGS, KNOCK KNEE AND THE MILDER FORMS OF CLUB FOOT.

BY V. P. GIBNEY, M.D.,

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Bowlegs.

Cause.—If a child is poorly nourished, either by mother's milk or by the bottle, certain changes take place in the bony tissues, or in the ligaments which hold the joints together, whereby relaxation occurs. Certain

ingredients are not supplied at the proper period, the child is flabby, may be rather precocious, the limbs may be easily put into any position, very often greatly to the gratification of the parents. This condition of things is known in medicine and surgery as Rhachitis.

When this cause is given to the average mother, the imputation is resented. The question is immediately asked: "How can the baby be poorly nourished when it has everything it wants? The doctor says the food is good, the baby thrives, and why should it be poorly nourished?" The mother herself may be in good health, and her milk may be excellent so far as appearances go, yet many a mother supplies very poor milk to the baby; and many articles of food which are used in the bottle are far from suitable to the individual case. One need not go into the tenement houses or among the very poor for mal-nutrition. It occurs too often among the wealthiest families. Further discussion on this subject is not necessary here. The family physician can generally decide whether the baby is not being well nourished, and his advice should be taken.

With this predisposition, then, mal-nutrition, the bones are lax, bend or stretch, and the common deformity known as bowlegs occurs. When rhachitis is present, the child should not be placed on the feet early, or, at least, should not be encouraged in standing long at a time or in walking any great distance.

Varieties.—There are two or three kinds of bowleg that come up for consideration. One is the relaxed knee variety. It is an out-knee, so to speak. The curve extends from the ankle bones to the hips. The leg bones are not bent or curved of themselves, but there is a uniform curving, so that the knees are wide apart, the weight is thrown on the outer side of the ankle, and the ligaments are strained not only here, but at the knee. This variety occurs, usually, in fat, chubby children, who may be, to all appearances, in perfect health.

Another variety is bending of the leg bones themselves, that is, the bones between the knee and the ankle. There may be a pretty sharp curve in the lower third of the leg, which any one can recognize. In this variety the knees are very little involved, and one can readily place the knees and ankles together. The third variety combines the two just mentioned, and is infrequent.

"Will the baby outgrow the deform-

ity?"—This question is asked every day, and the answer necessarily varies. It can be stated as a rule, however, with few exceptions, that the baby will outgrow the deformity even if let alone. This answer applies to the readers of *BABYHOOD*. I take it for granted that among the very poor, those who live in crowded tenements, this magazine is not read.

In families where attention is given to hygiene and ventilation, the mal-nutrition is not productive of such irreparable harm; and in small towns or country districts, where the child is out of doors a good deal, the above rule has very few exceptions. I speak advisedly on this subject, because on many occasions have I seen apparatus ordered for what seemed to be the worst kind of bowlegs, have seen the apparatus applied, and have given careful instructions about the employment of the same. A year or two afterward I have seen the same children, have been told that the braces were irksome, and that they were thrown aside. The deformity was entirely overcome. I have long since, therefore, been in the habit of advising parents of this class to do nothing except attend to the nutrition; advising them, furthermore, to accustom themselves to the deformity, and assuring them that it would eventually disappear. I see no reason, at present, to change my opinion on this subject. It is true that surgeons who operate a good deal, and who see comparatively few cases of bowlegs in hospitals and dispensaries, believe firmly that the deformity will not be overcome without a surgical operation. *Let it be understood before going further that the remarks just made apply more especially to the first variety.* If the second variety exists and the curve is very short and very pronounced, the baby will probably not outgrow the deformity without treatment.

Treatment, or Management.—The most important feature here is to correct this mal-nutrition, to see that the digestion is good; in other words, to treat the rhachitis. Nutrients, such as cod liver oil and malt, are of very great value. Much can be done by the mother or nurse in the way of manipulation, or, as we call it, *springing* the limb.

By grasping the leg below the knee with one hand and the ankle with the other, such force can be employed as one would employ in trying to straighten a bent stick. No fears need be entertained that the limb will break. Enough force can be employed to spring the limb into better position. Of course, it is not necessary to inflict pain. Generally the amount of force employed will rather amuse the child than otherwise. It requires a gentle hand, not brute force. This procedure can be employed for at least five minutes three or four times a day. In order that one may see what progress is being made, a tracing can be taken of the limbs as they rest upon a sheet of paper. This outline can be retained for future observations.

If the ankles are not specially weak, the shoes can be built up along the border of the sole along the outer side, from $\frac{1}{4}$ to $\frac{3}{4}$ of an inch. This will throw the knees together, as one can readily see, and every step that is taken then will be a step in the right direction. Good counters should be provided in the shoes and the soles made broad. Another important element in the management of these cases is to *delay walking*. It is infinitely better to do this, even at the expense of a little family pride, than to incur the risk of a deformity which will need operative interference for its correction.

As for "braces," "springs" or "irons," I am not an ardent advocate of these helps in treatment. It is difficult to get from an instrument-maker apparatus that will fit without producing some excoriation. If the apparatus simply hangs to the limb, it does no good; if force is employed in the right direction, the baby is fretful, and the nutrition is thereby impaired—so that it is very questionable whether the family alone can accomplish enough with this form of treatment.

It is better, in my judgment, to accustom one's self to the appearance of the limbs, to disregard the cosmetic effects and to expect a recovery. If the baby is still bowlegged when it is five or six years of age, it is an easy matter to correct the deformity, either by simply fracturing the limbs under ether or by dividing the bones. The

operation is comparatively insignificant. The after treatment is simple and efficacious. From four to six weeks in plaster of Paris, the patient not being confined to bed more than one week of this time, will suffice to bring about a good result. A very large number of cases, however, that have been set aside for operation when the sixth or seventh year of life is reached, are entirely straight by this time and need no operation.

Knock Knees.

The remarks that have been made upon bowlegs will readily apply to this deformity, especially as regards cause and management.

Varieties.—The most simple variety is that of relaxation of the ligaments of the knee, permitting in-knee. There is no curve of the thigh bone or the leg bone. The knees simply approximate each other, and the child bears most of the weight on the inner aspect of the sole of the foot. The ankle bones themselves seem to be more prominent on the inner side, the uppers of the shoes are worn through very soon, and mothers are very often told that the ankle bones are out of place. Associated with this deformity is a slight grade of flat foot.

Another variety is a forward and lateral curve of the thigh bones themselves. There seems to be a twist in the bone. This curve throws the weight of the body on the outer side of the knee joint, and produces a flattening of the ends of the bones at this point. The inner side of the knee increases in growth by reason of removal of pressure. This becomes, then, a bony deformity, and is more difficult of management than the variety above mentioned. Sometimes the leg bone itself, just below the knee, is elongated upward and contributes to this deformity.

Another variety of knock knees is where the two varieties are combined, and where a third element presents itself. This is an anterior curve of the shin bones themselves. When such deformity exists, it gives to the limb the appearance of a "corkscrew"; and we have gotten in the habit at the hospital of speaking of these cases as corkscrew limbs.

Treatment.—The treatment of knock knee resolves itself into attention to the nutrition, delay in walking and attention to the shoes. The sole of the shoe can be thicker on the inner side than on the outside by at least a quarter of an inch, the whole length. This will force the child to separate the knees a little in walking, and the pressure will come on the inner side of the knee. Tracings can be taken as in bowlegs, and manual force should be employed here as well.

The mechanical appliances are somewhat more complicated, and are, as a rule, just about as inefficient. I refer, of course, to the ordinary appliances of the shops, those that one gets by ordering and not specially superintending the fitting of the same. The intelligent use of knock knee springs, of course, is quite different. Still, I am convinced that the parents can safely trust to time and nutrition and good hygiene with greater hope of success than they can trust to the ordinary springs of the shops. The operative treatment is simple enough in skillful hands, and is attended with brilliant results.

The Milder Forms of Club Foot.

By the terms here employed I mean that form of club foot wherein the deformity is slight, where, when the baby stands erect, the weight does not come on the outer border of the foot, but where most of the sole touches the floor. Even in extreme varieties the mother can do very much toward cor-

recting the deformity, if she persistently and intelligently use her hand. Almost any one can learn how to twist a foot around into the normal position. The natural instincts prompt this. I would urge, therefore, the monthly nurse to begin with manipulations during the first week of life. Let her hold the foot or feet into an over-corrected position (that is to say carried farther than is necessary to bring it or them into the normal position), for several minutes at a time—hold them even longer while the baby is being nursed or fed. Let the mother, as soon as she is strong enough, continue the manipulations. If a cure is not accomplished, the case will be made much more amenable to surgical treatment.

That information which, in my judgment, is of greatest value to the mother is this: It is necessary to retain the foot in a normal position, after a cure has been accomplished, for a period of at least eighteen months. It is necessary to have the shoes so constructed that every step will contribute to the maintenance of the improved position. The worst cases of club foot we have to manage are relapsing cases, and these are invariably due to negligence on the part of the parents in following directions. It may be that the directions have not been given; still it may not be amiss to tell the readers of *BABYHOOD* that this is the most important element in the management of the milder, as well as the more severe, forms of club foot.

THE VALUE OF INUNCTIONS OF OLIVE OIL IN THE TREATMENT OF DISEASES OF CHILDREN.

BY W. THORNTON PARKER, M.D., SALEM, MASS.

PURE olive oil has been well known and very freely used by the members of the European medical profession, but in this country it apparently does not receive as much attention as its valuable properties and its successful use would seem to merit. It is very proper, therefore, that we should call

attention to its great value and convenience in many forms of children's diseases. From the earliest moments of infantile life—and we might add, as early as its first bath—olive oil will be found a valuable application for the new-born infant—soothing and nourishing the delicate skin. Certainly, one of the most

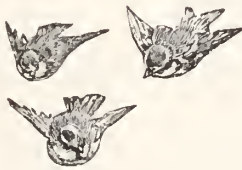
important things to have always on hand in the nursery is a bottle of the best olive oil.

In a large proportion of the diseases of infancy and childhood, it will be found of the greatest value. It is especially useful in all forms of bronchial disease, whether acute or chronic. It relieves the congestion of the mucous lining of the air passages, maintains an equable temperature, affords a soothing warmth, and is without doubt highly nutritious. Prof. Von Giete, of the General Hospital at Munich, taught me, in 1873, the value of this oil in all forms of chest trouble. It is safer and better than jackets of Indian meal or any of the common applications found in the nursery. The oil should be gently warmed, then the patient's chest should be bathed profusely with it; afterward a strip of clean old and soft shirting, large enough to completely envelope the whole chest, and thoroughly saturated with the oil, should be carefully applied; over this, a larger piece of dry cotton cloth must be firmly but not too tightly adjusted. Inunctions will be found excellent in all cases where artificial nutrition is sought for.

In all eruptive diseases like measles, and especially in scarlet fever, chicken-pox, etc., nothing is better for an external application. No other preparation—like coconut oil,

walnut oil, lard, vaseline or camphorated oil—can at all equal the pressed olive oil of Italy in the treatment of diseases mentioned. For the first few years of life we may use the inunctions more or less freely, as required, after every bath, and the great comfort and benefit derived from its use will compensate for any annoyance from extra washing. If the odor is objectionable a little cologne-water will overcome that objection, but its value as a protective is so great, especially during the winter months and during the raw, chilly winds of spring, that I urge its use more generally in the nursery, and feel confident that, once employed, its valuable qualities will be appreciated.

If it be objected to on account of its price, and vaseline, lard, etc., recommended because these are cheaper, we must urge that pure olive oil is worth all it costs and that the substitute applications are quite valueless. It is true that *pure* olive oil *is* expensive, but nevertheless it is the best thing possible in the diseases for which it is recommended. The old saying, "No woman need be lean who can enjoy a warm bath and inunctions of olive oil," shows that the ancients appreciated and used freely the oil of the olive. I am sure that in and out of the nursery it will win favor if faithfully employed.



OCCUPATIONS AND PASTIMES.

"Scrap Stories."

"HOW shall we amuse the little ones?" Any answer to this question which holds promise of effectiveness will be gladly welcomed by every tired mother or other person upon whom devolve those arduous duties classified under the general head of "amusing the children." If such amusement furnishes food for thought and stimulates the young mind to further investigation, it serves a double purpose. We think this element enters into what we are about to propose.

The materials for this "play" are simple—blank paper, and scraps of pictures taken from any paper, magazine or other source. The idea is to originate an "illustrated story," the originality to lie in the composition and the selection and arrangement of the pictures intended to illustrate the same. The figures might be pasted on the blank paper wide enough apart to admit of writing in the matter, thus utilizing them as they stand; but a better plan is this: Spread out before you quite a number of such pictures—or the bright-colored

scrap-pictures now so easily obtainable at small cost, might be employed—and as you write, select the most appropriate specimens to illustrate the text. This allows greater latitude. It is really a question of fitting the words to the pictures, rather than the reverse.

I can best illustrate my meaning by presenting an example of a simple "Scrap Story" with illustrations, as it was written for a young friend, who thinks this the most delightful occupation in the world. Of necessity, the actions of hero and heroine and the plots, let us say incidents, rather, must depend upon, or are modified by, the particular material on hand in the way of scrap-pictures; the greater the variety of illustrations, the wider the scope and possibility of the story-telling.

If the age of the children admits, your object may be compassed the more thoroughly if you allow the little ones to do the work themselves, no matter how absurd the results.

For want of a better title, we will call this story

A Visit to the Country.

Sister Pansy and I went to visit Aunt Jane last Summer, and we had a splendid time. The first day it rained very hard, and we had to stay in the barn and play, but we had lots of fun. We made a sec-saw on a log of wood, and fed the bossy cow, and played hide-and-seek in the hay mow. It was dark in some places, and there were a great many spider-webs.



Somerville, Mass.

C. S. W.

Another Use of Pictures.

IN most households there is a weekly accumulation of magazines, papers, etc., which, if not considered worth binding, are used as fuel or thrown into the ash-barrel.

Few mothers think that in so doing they are depriving their little ones of a source of endless pleasure and instruction. Is there any excuse for the continual complaints from so many about the trials of rainy days in the nursery, when a few old papers, to them useless, will amuse children for hours, and at the same time teach them something useful? All children love to cut out pictures, and it remains with the mother to make this pastime at once both a pleasure and a study. I recall with pleasure one rainy afternoon spent in this manner with a mother and her two little boys. The little fellows took great pride in showing me their box filled with pictures, and quite surprised me with their descriptions of many of them. As soon as papers and scissors were brought out, the little fingers began to busy themselves. When each child had cut a picture, as neatly as possible, they brought them to their mother and listened attentively to her interpretation of them.

This afternoon the first picture happened to be a portrait of Felix Mendelssohn. After giving a short sketch of his life, the mother promised, if they were very good boys all day, to take them into the parlor that evening and play on the piano for them some of Mendelssohn's sweet songs. This one incident alone plainly shows how very instructive this simple pastime can be made. It so impressed these little ones that, although it is nearly a year since that day, they have never forgotten it, and often beg for "some more of that sweet music."

The second picture referred to the discovery of America, giving the mother an opportunity of teaching her children something of our early history.

Occasionally, my friend also found it necessary to draw upon her imagination, and invent a story to satisfy her little ones.

Before we could realize it, the afternoon had passed. The children had not found time to miss the sunshine, and their mother had accomplished her task, not having found it necessary to put aside her work for a moment even. So there is no excuse for mothers saying "I cannot afford the time," for, like this mother, they can "kill two birds with one stone."

Uniontown, Ala.

MRS. J. GOODFRIEND.

A Happy Childhood.

WE should feel it a duty to let the little ones be happy. It takes but little to make children happy, and, alas! we can also, all too easily, make them unhappy. We can constantly fret and scold and find fault, surrounding them with a spiked fence of "don'ts" without giving them any definite idea of anything they are allowed to "do," thus making life one unceasing perplexity to their little, ignorant, expanding, exploring souls; or we can let them come naturally into their legitimate birth-right of happiness. If we let them judiciously alone they will be happy, for all Nature reaches forth her hands to lead them into joyous paths of instruction and delight. But they need the surrounding sunlight of sweet home-love; it is as essential to the development of sweet, rich natures as the outward sunlight is for the development of rich and luscious fruitage.

No innocent, pretty fancy of childhood is to be despised; little ones naturally beautify their lives with imaginative graces and delights, which, carefully cherished and trained, enrich as surely as their ruthless destruction hardens and sterilizes the rich gardens of their pure little hearts. We can endeavor quietly to see that their enjoyments are pure and innocent, and then we should let them be happy in them to the uttermost. They will build wonderful castles, live in little fictions, yet they are, and they know they are, "only make believe, you know." How they enjoy being a horse, a dog, a lion, a carpenter, a driver, a teacher, a papa and a mamma! and how truly they imagine themselves for the time the person or thing they imitate! If we tell them of our childhood, its pastimes, playgrounds and playthings, they add them in imagination to their own, and live over our childhood and its surroundings in addition to their own, while we, as their idealized playmates, become endowed with a power of leadership and influence not easily overestimated.

The children of the present day have too many toys. Give a child a string, a few cobs or sticks, paper and scissors or a sand-heap, and it will invent any amount of amusement for itself and be happy therein; while from a room full of ready-made toys and pleasures comes the constant cry of "what shall I do, mamma?" because the child is bewildered by the very multiplicity of objects about it. What the poor little souls need is a chance to develop their own resources.

To how many of us elder ones are the choicest memories of childhood those that were enjoyed

in the simplest and most primitive fashion! How distinctly I remember our play-houses in the woods, outlined with stones, with occasional openings, across which a bit of branch was laid to represent doors and windows. Larger stones, sometimes carefully covered with moss, represented tables and chairs, and our treasured crockery consisted of choice bits of broken earthenware, enlivened by clam or oyster shells, and sometimes by leaf cups and platters, made by deftly pinning leaves together with tiny spines. And oh, the mud pies and cakes, which were made and set "all-a-row" to bake in the sun; and the tea parties, at which these same marvels of mixture figured, but were "too nice" to more than make-believe eat, yet which were more highly prized than the mere commonplace food which we were sometimes allowed to have from the ordinary every-day kitchen cookery. Children like to play with a real purpose underlying their pastime—to play real life. And how real it all seemed to us then to prepare for visits from each other. How delighted beyond expression we were when the dear mother, grandmother, or one of the aunts would visit us. What grand efforts at entertainment we made; and as proud were we of our simple furniture "china-ware" as any grown-up lady with the finest belongings which the market and money could furnish.

Children should not only be allowed to play out in the health-giving air and sunlight, but they should be allowed occasionally to forget their clothes. Take off, at times, their dainty white frilled and embroidered dresses, which must not be mussed, put on prints or gingham and enveloping aprons; give them a pail and shovel or even a cup and an iron spoon, and see how rapturously delighted they will be at the mere thought of using them in happy unfettered freedom.

The little ones must have room to grow, to develop. They must have opportunity to run, leap, shout, dig, to exercise all the muscles of their little bodies, and to develop their possible mental resources, if they are to become strong, well developed, well balanced men and women.

If they are surrounded by a home atmosphere so impregnated with affection that they breathe it in with every breath they inspire, and if to this be added the constant surrounding influence of truth, peace, order, thoughtful consideration, justice, charity and reverence, they will unconsciously be learning, in the truest way, those habits, thoughts and principles which form

the character of noble, wise, true-hearted men and women.

MARY FERGUSON.

Brooklyn, N. Y.

Games and Prizes.

THERE is hardly any fashionable novelty more dangerous than giving game prizes. It is bad for children to have the desire of gain connected with their innocent sports. Probably nothing sows seeds of pride, envy, hatred and malice, in little hearts sooner than this custom.

A number of young folks are gathered together for an evening's amusement. The most important thing on the programme is that interesting pastime—trying to pin the renowned tail on the donkey. When no prize is offered there will be much innocent mirth among the participants. If there is a prize to be obtained, the game takes a different aspect. All eyes are bright with covetous excitement. As its turn comes to be blindfolded, each child is hoping that he or she may be fortunate enough to pin the tail where it belongs, and so secure the prize. As they try and fail, each one has a feeling of disappointment, which greatly mars the enjoyment of the contest. With an air of triumph the successful, or as the children say, lucky one, walks up to the donkey and pins the appendage on the proper place. It is a question whether this is always done quite fairly; every one who has tried the performance knows that it is next to impossible to measure distances correctly when the eyes are blindfolded, so it is to be feared that the one who wins sometimes has the handkerchief adjusted so that he or she can take a sly peep.

Very often it happens that some who would be ashamed or afraid to seem dishonest in school or in an ordinary transaction, do not mind being a little unfair when they are playing games. Under the excitement of the moment the desire to gain the prize, when all others have failed, is a strong temptation, and one hard to resist. Any one who notices such things will find that a child who has once gained a prize in this way will be most anxious to win more and more of them.

We have seen warm-hearted, affectionate children become selfish, envious and fretful, after they began playing games for prizes. At present, games are thought too much of. Now, the ambition of most boys and girls is no higher than securing prizes at the parties they attend. Winning prizes in the parlor and earning them in the school-room are very different affairs; the school prize is something for which earnest and perse-

vering work has been given, and it therefore is justly bestowed.

Children are apt to lose their interest in striving for school prizes when they can be won so easily at social gatherings. This makes prize-gaining appear much like gambling, for in both cases success is obtained by chance instead of by honest work.

The *Churchman* in an editorial entitled "The Church Lottery," discusses the subject of lotteries in church bazaars very fairly. It does not seem amiss to quote this editorial:

"The secular press will not fail to remind the churches that they do not always show the world a good example in the matter of lotteries, and that the average church bazaar, seeking funds to carry on religious and philanthropic work, is very often an unscrupulous offender, rendering its managers liable to prosecution. The comparison between the ring-cake, grab-bag, chance-in-a-quilt system of parochial financiering, and the Louisiana Lottery, is not quite fair. They have something in common to which we shall presently allude, but there is a very wide difference between them. We do not think there is need of argument to prove this. Any one who does not, of himself, see the difference between the managers and stockholders of such an institution as the Louisiana State Lottery and the fair women who preside over the chance system at the church bazaar, is not open to argument.

At the same time, the lottery, however veiled and varnished, is an instrument of danger. Christian people lay themselves open to misconstruction when they suffer its use. They may indulge in it, harmlessly as to themselves, perhaps, but there are the weaker brethren to be considered, and they, when not obstinate brethren, merely, should have concession made to them.

There is a very great difference between buying a ticket in the Louisiana Lottery and taking a chance at a church fair, the things themselves considered, but the principle of both is almost identical.

We repeat, therefore, that Christian people should not suffer what they consider good to be evil spoken of. The whole question of innocent entertainments to raise money for church purposes, is still an open one, but questionable methods of money-getting at such entertainments should surely be tabooed."

"The weaker brethren" who are injured by prize games are little children who enter into this new phase of life with unformed principles and minds, ready to receive and retain lasting impressions of all they do, see and hear at their first game parties—their hearts full of innocent faith in the wisdom, honesty and justice of their elders. It is the grown people who are responsible for leading the little ones astray in this matter, for it is they who plan the games and bestow the prizes. If "the whole question of innocent entertainments to raise money for church purposes is still an open one," is not the question of game prizes an open one also? In this practice there is no good results obtained, but often much evil.

Prize-giving, in any form, is a doubtful benefit;

it almost always leaves disappointed hopes and hard feelings, which frequently last a life-time. At a select dinner party, given to a prominent New York judge, an eminent divine and a distinguished business man, who had all been school-fellows and were still warm friends, the conversation turned upon various school reminiscences. The saddest incident was recalled by the judge, who exclaimed with a sigh, "Our old classmate, Dr. W., has never forgiven me for winning the prize we were both striving for; he never recognizes me in any way when we chance to meet."

In the history of the Corinthians and Ephesians, games and their attendant prizes figured prominently. It cannot be affirmed that the inhabitants of those cities were renowned for their virtue or morality, but there was more benefit derived from their games than from those which are the fashion at present.

All who took part in those contests were obliged to have a certain amount of physical training before they could join in the foot-races, wrestling-matches and throwing of weights. The

successful competitor's reward was "a wreath of bay, pine or parsley, and he wore such a one as his badge of honor, for the rest of his life."

Theseus was said to have instituted the Ischian games at Corinth. As the sports took place once in three years, and were mostly tests of strength and activity, it may be inferred that the chaplets were won fairly.

When Thespis, the Greek tragedian, was in Athens, Solon asked him if he was not ashamed to speak so many falsehoods. Thespis answered that it was only in sport. "Ah!" said Solon, "but he that tells lies in sport will soon tell them in earnest." This is as true now about prize-winning as it was in Solon's time with regard to acting plays. It would be a moral miracle if the boy who has carried off game prizes for years should turn out a thoroughly upright business man, or if the girl who has always been queen of the donkey parties should be entirely conscientious in after life.

AGNES WALKER.

Brooklyn, N. Y.



"THE VISION OF SIR LAUNFAL" IN THE NURSERY.

"SAY it out loud," cried Number One; "so we can hear," added the melancholy Hurdy Gurdy. "We'll write it all down," proposed Number One, drawing their little table nearer to the corner of Mrs. Interpreter. And the pencils flew across page after page of their "note books," in baby hieroglyphics, as she began:

"Over his keys the musing organist."

"I've got the Bald Man's keys in my podgik," remarked Hurdy Gurdy, aged two-and-a-half, *sotto voce*, "He let me take them and I forgot to give them back to him." "That isn't the kind," explained Number One, softly, with the superior wisdom of four years and a half. "These are the keys on an organ, like the one in our Sunday School room—the white things Missie plays on, you know—and then *she's* a 'musing

organist' herself; we can call her that if we like." "*Can we?*" questioned Hurdy Gurdy, with a funny look of surprise.

Mrs. Interpreter was a member of a class which had begun to study Lowell, and she was to learn first "The Vision of Sir Launfal."

"The crowslip startles in meadows green,
The buttercup catches the sun in its chalice;
And there's never a leaf nor a blade too mean
To be some happy creature's palace"—

she repeated. "Isn't that *fine*?" queried Number One, with sparkling eyes.

"The little bird sits at his door in the sun," she went on. "*I yike 'at*," said Hurdy Gurdy, "*'at* is the *best* poetry I ever heard in all my life," thereby renouncing his allegiance to "The Birds of Killingworth," which had been "the best poe-

try" for some months previous. It was from this that he chose his name.

"And hear the locusts and the grasshoppers,
Their melancholy hurdy-gurdies play,"—

Mrs. Interpreter had quoted, and "*I am The Melancholy Hurdy Gurdy*" announced Number Two gravely, drawing himself up to his full height and extending his right arm; and he had disowned every other name since.

The little bird in the sun was so interesting that the pencils were dropped for a time, and the little writers sat wide-eyed over—

"He sings to the wide world, and she to her nest;
In the nice ear of Nature, which song is the best?"

"The mamma birdie's," promptly responded Number One, with decided emphasis, as if there could be no possible doubt on the subject.

And so, line by line and word by word, the beautiful poem was learned, and by the time Mrs. Interpreter could say it all, Number One and Hurdy Gurdy knew it too, and chimed in at their favorite lines, a perfect chorus. The Melancholy was sure to join in at

"Against our fallen and traitor lives
The great winds utter prophecies;"

he stumbled a little over

"While to our age's drowsy blood
Still shouts the inspiring sea,"

but went on smoothly with

"The sulphurous rifts of passion and woe
Lie deep 'neath a silence pure and smooth,
Like burnt-out craters healed with snow."

Number One preferred the descriptive bits,

"The breeze comes whispering in our ear," the pictures of the sunshine in "the pitcher plant's cup," "the white star's frosty gleams," "the little spring" that "laughed and leapt in the shade," and the

"—snows on the brine
That mingle their softness and quiet in one
With the shaggy unrest that they float down upon."

They repeated page after page to each other, one taking it up where the other left off, or sometimes both together, when they were making sandpies in the yard under the nursery window, where Mrs. Interpreter sat sewing; or when, their frolic with the Bald Man over, they were tucked away for the night in their little cribs, with permission to "visit" in the dark until the clock struck seven. The Bald Man and Mrs. Interpreter, sitting in the room below, eating their dinner at leisure, thought the baby voices very sweet over the favorite good-night lines ending

"It is Heaven alone that is given away,
It is only God may be had for the asking."

Up in the morning, bright and early, Number One says, "I just wish some one would toss *me* a piece of gold in scorn." The Melancholy Hurdy Gurdy says solemnly, "*I* have seen the Holy Grail!" "Oh, no!" says the Bald Man, "you are too bad a boy for that." Mrs. Interpreter says nothing, but thinks about it all, and wonders.

FANNIE WILDER BROWN.

Newton, Mass.



BABY'S NAP.

BY EMILIE HOFFMAN.

WHEN and how long should Baby sleep! This is the question which many young mother's ask and to which they frequently receive the answer, "Oh, let him sleep when and as much as he likes." But this is a mistake. Sleep, like diet, requires system as well as the utmost regularity during, at least, the first years of infantile life.

Many a fond mother has a cross baby who makes it impossible for her to attend to her house-

hold duties and makes home generally an uncomfortable place to be in, and all owing to improper care and training; and as sleep is chiefly a matter of training, mothers must begin early to enforce regular hours. You can do this to suit your own convenience, if you so desire.

A large proportion of Baby's early existence is spent in sleep; in fact, most infants during the first weeks spend the entire time, after being washed and dressed, in sleep and have to be aroused

to be fed. Many mothers consider it cruel to awaken "poor Baby" out of a sound sleep, but as regularity in feeding is very essential in establishing a good, strong, healthy and systematic digestion for the future, it becomes necessary to begin at the very outset. It will not be long before you will be surprised to see how systematically Baby will make known its presence at feeding time.

A healthy infant, for the first few months, ought to sleep from 11 P.M. to 5 A.M., and after being fed usually it goes directly to sleep again, awakening about 7 A.M. It can then remain awake until about 9 A.M. when it should receive its morning bath, and after being dressed and fed, it will usually sleep soundly for an hour or longer. About noon it ought to take another hour's nap, and about 4 P.M. it will be ready for the third one. At 7 P.M. it should be put to bed for the night, being aroused regularly until 11 P.M. to be fed. After children have reached the age of ten or twelve months, they will usually require but one nap per day, and the best time for this is from 12 M. to 2 P.M. It is advisable to remove the clothing and put the child to bed for this nap. The night's sleep should begin at seven and should last from ten to twelve hours. Some children, between the ages of two-and-a-half and four years will take an hour's sleep (in the morning) and some, even after they have attained the age of four, require some sleep during the day. The day's nap should, however, in no wise interfere with early retiring at night. 7 P.M. should be the bedtime for the first four years.

The amount of sleep required varies so in different persons that no set rule can be given. In children, observation must be a mother's guide. You may think it is impossible to thus regulate Baby's naps, but I know from personal experience that it can be done, but it requires patience and perseverance. Your first attempts may prove futile, but you must not give up, neither should you wait for the child to show signs of sleepiness, but every day at the same hours place the little one in its crib or bed in a comfortable position, and if feeding time comes, attend to it, and thus let it go to sleep. If a lullaby is necessary to carry Baby into slumberland, let it be a lullaby—a simple, quiet, low-toned song and not an operatic selection, nor any other song rendered in such manner that it can be heard all through the house or several doors away. The former will soothe Baby to sleep much more readily than the latter.

While a child sleeps, it should remain undisturbed, just as much so as any grown person

would desire to be. It is a mistaken idea that children can sleep through any kind of noise. Any person, if worn out or extremely tired, will sleep so soundly as to be deaf to all noises, but how frequently do not these same persons find it quite difficult to get a much-desired nap, owing to the lack of quiet surroundings. Therefore, put Baby to sleep in a quiet place. In summer a cool, secluded spot, either in the hammock, or on the piazza, or under the shady trees in the yard, is often more quiet and cooler than the house. But if the nap must be taken indoors, draw the blinds, and in summer see that the infant is not annoyed by flies or insects, and keep all surroundings as quiet as possible. You will then find that your child will not awaken by starts nor will it awaken by crying (unless hungry), but it will slumber quietly and announce the end of its nap by a satisfied crowing; it will also usually remain much better-natured and cause you less trouble than if no care had been exercised in making the infant as comfortable as possible during its nap. It frequently happens that friends call "just to see the darling little tot," and consider it "too provoking for anything that it should be asleep," and mamma's vanity to show her baby, as well as her desire to satisfy her friend, exceeds her good judgment, and she escorts her friend to the crib or worse still, has Baby brought into the parlor. In either case, the exclamations of admiration or criticism invariably cause the infant to suddenly open its little eyes, and it will usually not close them in a hurry again, and is also likely to cause the injudicious mamma an extra amount of annoyance.

I was recently horrified to see a mother, who wanted her baby's beautiful eyes admired, deliberately lift the little one's eyelids while asleep, a procedure which can be followed by evil results to the eye.

While children are still young and unable to move about, they should occasionally be turned from one position to another while sleeping. When putting them to bed at night, place them on their left side, as this is the best position for sleeping, and by being thus regularly put asleep, they will naturally acquire the habit of lying in the proper position. When they begin to grow restless, or when you retire, change their position, and in summer turn the pillow to the cool side, and you will find Baby will go directly to sleep again, and will rest comfortably for several hours longer. This ought to be done several times during the night, and even when Baby grows older, an occa-

sional turning of the pillow (which can be quickly done without arousing the child) will insure a much better night's rest for the little one.

An infant should never, unless this is positively necessary, be allowed to sleep with an adult. As soon as it begins to take food—which should be from eight to ten hours after birth—it should be placed in its own crib or bed, and if it acquires the habit of nursing at night, it should not be allowed to remain in bed with its mother, but should be put back into its crib directly after finishing its meal. Thus the evil habit of sleeping with mamma will not be acquired. Even with older children, it is always advisable, where room permits, to give each child its own bed, even if several beds have to stand in the same room.

The sleeping apartments of our children require the same care as our own. They ought to be large, have at least one window, well ventilated, and not too much exposed to the sun's rays. A sleeping-room should be comfortably heated, but should not contain a stove unless it be an open stove or fire-place; the latter is far preferable to any other mode of heating, as it also serves as a good ventilating medium. The room should be

well aired before putting Baby to sleep for the night. The temperature should be about 70 degrees, and should be kept uniform.

Soiled diapers or vessels should be removed at once. The crib should have high sides to prevent Baby's falling out, and under no consideration should a cradle be used. The bed should be provided with springs, a hair mattress and pillow of same material (latter not too high), a cheesecloth comfortable over the mattress, protected by a rubber sheet, and over this a heavy sheet. The coverings should be light for summer and warm for winter. Everything pertaining to Baby's bed must be scrupulously clean.

As very young children are apt to keep themselves exposed the greater part of the night, it is best to have them wear night drawers—in winter, made of flannel, and in summer, very light flannel. I have found the white outing-cloth (light-weight) very desirable for a year-old baby. Children younger than this should wear the flannel skirt with long slips, or flannel night-dresses and woolen booties for the night. When they have reached the age of two years, a muslin or cambric night-dress will be found cooler for the warm weather.



FIVE LITTLE TRAVELERS.

BY MARY HEDLEY SCUDDER.

THE majority of my friends did their best to dissuade me from the idea of the voyage; and when I persisted in my preparations, said I was foolhardy, and those who refrained from such expressions thought so. They became friends like those of Job, and laid before me the perils of the ocean; the misery of seasickness; the trying heat of the tropics; the danger of carrying a teething child into it, and many other real and imaginary dangers, until I could sympathize with John Bunyan before he set out on his travels. In the end I had my way, for my wise physician and I quietly talked it over, and we

both felt there was less danger for me and the little expected treasure if I went to New York from San Francisco *via* Panama, than to travel overland, enduring the jar of the train. Then, too, I could be sure of good food at proper intervals for children big and little, and manage the flock much easier in staterooms than in a Pullman.

Still my heart was very heavy and full of doubts as I stood alone on the deck of the steamer, bound on a voyage of thirty days, with four children, from seven to three, clinging to my dress, and my baby of fifteen months in my arms. I realized then as never before what I must be to them, and

what I must do for them before we landed in New York, and had the father to lean on! It was amusing to see the horror with which the passengers regarded the lone woman and her flock, while the stewardesses on both steamers gasped when I appeared, and finally asked if there wasn't a father around somewhere? And it was quite as entertaining all through the voyage to see how one after another of the passengers was ready to praise oftener than blame, and found his horror had been premature.

I had not started on this trip without careful thought and preparation, as I knew how important it was to have all well, to provide amusement for older and younger children, and to keep up my own strength, in spite of all the drains upon it.

I gathered a hint from the article in *BABYHOOD* describing the journey from Japan to England with three babies, and my first investment was two of the Japanese telescope baskets with shawlstraps. I found them better than any steamer-trunk, as they hold an immense amount, and made four convenient receptacles under the berths, when unpacked. Nothing in my outfit proved more satisfactory.

Although there is a surgeon on board each vessel of the Pacific Mail, I preferred to be prepared for any sudden illness at night, and had a small number of remedies packed for use. Among them were castor-oil, rhubarb, quinine, Jamaica ginger, bismuth for loose bowels, brandy and Bouillon Maggi, an invaluable extract of beef. The ginger I used at each meal in the water drunk, allowing no ice, and putting a few drops in each glass. I think this prevented any bowel trouble while enduring the heat of the tropics, and the children soon learned to like the taste. Baby at home thrived on strained oatmeal gruel, and how to secure this on shipboard was a serious question with me. I provided a sack of the preferred meal, and on the Pacific steamer the cook and the stewardess combined, and the little girl rejoiced in her regular, well-cooked meals, and was very well, and cut three double teeth unawares. On the Atlantic steamer the cook was not so obliging, but I was prepared for just such an emergency, and Baby threw on Robinson's groats. I accidentally heard of this food from an English lady, and have found it a superior preparation of oatmeal, made easily and quickly into a delicate and nourishing gruel. I cannot speak too highly of it, and I have tested it well. The cans are but two "bits" apiece, and hold so much that it is very little more expensive than

buying the grain, and infinitely less bother. For a case of diarrhoea I carried Robinson's barley, but the cans were never opened.

Baby was accustomed to a daily dip; and when I saw the tub and the cold salt water I was in despair. A little inquiry, however, unearthed a foot tub, and my eldest boy brought his little sister a pitcher of hot water every morning, and she reveled in her bath. As I lifted her out I threw in the diapers wet in the twenty-four hours, and when she was dressed it was but a moment's work to wring them out, and one of my boys hung them on deck in the sun; so that, with no trouble, I had clean fresh diapers from San Francisco to New York. One of my greatest conveniences was the portable chair for Baby. It is partly my own invention, and is of light boards, so joined by cross-pieces that it will come apart, and be of little size or weight. After a day or two, Baby liked it, and I was saved the annoyance of soiled diapers.

To plan for proper clothing and enough of it for a month for so many required some thought. For a few days that worn in California was right, then I put on the children woven under-flannels and their summer dresses, but the boys of six and seven wore flannel waists; and should I go on such a trip again, I shall put the girls in light-weight flannel dresses as more comfortable in the heat. Baby had gray traveling dresses, but wore white in the tropics, and the piles of soiled clothes with which I arrived in New York can be better imagined than described—also the bills for washing! I needed blouse waists of flannel and one of pongee; one or two dress skirts of light weight and thin underwear, but heavier was donned by us all two days before we reached our port.

A mysterious basket, that no one but mother opened, held the toys, books and games for my five little people, and was a surprise to them all through the voyage of 5,000 miles. I put in dominoes, a paint-box, some cheap books, an inexpensive doll for the eldest girl, and a rag dolly for Baby, and many other things likely to amuse longer than a day. They were especially useful while I was at my meals, as they occupied the children and made it easy for the stewardess. Among the nice books I took was a "Child's Pictorial Relief for Sunday," "The Prudy Books," "Du Chailly's Travels," and that invaluable book "Child Life," compiled by Whittier, and to my children an inexhaustible delight.

On both steamers the children had their own table, and by a little quiet firmness I secured

plain, nourishing food, though I was often told that I did not give my family enough to eat, as children required more than three meals a day, especially on shipboard. But I only listened and smiled, and could say when I landed that not one of the flock had been ill a day, and they all had been so free from irritability that people marveled. As I jot down these hints, hoping they may benefit some mother who has a long journey before her, I wonder how I, a poor little lone, woman, ever went through those thirty days, with five active bodies and minds to guide, govern and instruct. I don't quite know how I did it, and I never could have stood it had not the children been taught to obey, and they soon won the affections of officers and crew by their prompt obedience.

Fortunately, I was only a little seasick one day, and could always keep the children by me; and though I was often very weary, the voyage was greatly enjoyed and benefited me physically.

The three youngest usually took a nap, and then I rested, if possible, and after a sponge-bath all were ready for reading aloud, or to play at some game while I sewed. I rejoiced, as the days passed, that I had preferred this route to the one by land; though longer, it was easier, especially for the little ones; we learned much; met odd people and some pleasant ones, and I proved a theory of mine that has often been ridiculed, that one *can* travel with a family of well-trained children, and find the trip pleasurable and interesting, and not too fatiguing.

BABY PORTRAITURE.

BY H. S. KELLER.

IT is a mistaken idea that babies have no character in their sweet little faces. They have, and no one better than the photographer is able to judge of this fact. It is easy enough to *snap-shot* a pretty miss or master of twelve or fourteen years of age, and it is more than easy to follow the example and *snap-shot* mamma, papa or grandmamma or grandpapa. To picture a little cherub in long dresses is the great test of an artist's ability. Not long since some one in my studio said, while looking over a collection of baby pictures in long dresses:

"It must be quite a task for you to make such pictures."

"Why?" I asked.

"Because they are so characterless; there is nothing to do but to get them. Babies all look alike to me."

It is not necessary to say that I disagreed with the speaker firmly. Babies have no character in their lovely, little faces! They all look alike! Those are far-fetched ideas and deserve the utmost discouragement from the mammas of the several hundreds of thousands of babies who pose or *dispose* themselves yearly before the camera.

During a hard day's work under the skylight with fussy old ladies, not amiable old gentlemen, forward young girls and knowing young masters,

a pretty baby comes in like a sweet flower to relieve the grim monotony of photography. There may be several in the waiting-room below, but they *must* wait; the baby is monarch of high-chair, camera and operator, the latter his or her slave according to the sex. I assure you the poor tired-out operator will take more pains to make a nice picture of the baby than he will of all the rest who follow. It is a red-letter day in the little darling's earlier life—the half hour under the great big skylight.

Don't fuss with the baby. Therein lies the whole secret of making nice pictures of babies. *Don't swoop down upon the little pet to arrange a disarranged wrinkle in the dress!*

What does a wrinkle in the dress matter so long as there is sunshine on the face?

The daintiest time in all my days under the skylight are those snatches of sweetness when the baby pays me a visit. One must get acquainted well with different sorts of babies to do them proper justice in photographic portraiture. There is no way to teach one just how to do this—only think that you were once a baby. It is not necessary to tell dear mammas not to bring the whole family when Baby is to have its picture taken. It is the baby's day. Leave the baby in his or her glory and the competent artist will gladden your heart with the result.



EARLY EDUCATION.

I.

I WAS very glad to see the subject of early education treated of in a recent number of *BABYHOOD*, and should like to add my testimony in its favor.

There is so much fear now-a-days of pushing children on too fast, that, with the very best intentions, I feel sure much precious time is often wasted, and unnecessary trouble entailed upon both teacher and pupil in after years. No mother feels that she is overtaking her baby's mind by taking him on her knee, even before he can talk, and, with a picture book before her, pointing out "bow-wow," "gee-gee," "baa-lamb" and other familiar favorites till the little one is able to distinguish them for himself and to give each its proper name. Is it any greater tax to such a child if, a few months or a year later, the alphabet is taught in the same way, letter by letter, care being of course taken that the letters should be very large and easily distinguished? Children's minds are naturally active and receptive. They *will* be learning *something*; what we have to do is so to direct their energies that they may learn the most useful things and the fewest useless things possible.

In the case of my own children I have supplied them each, at eighteen months or two years old, with a large picture alphabet or picture blocks. They will bring them one at a time to be told what the picture is, and I will tell them, C for cow, D for donkey, and so on, till they learn to associate the picture and the letter together, and in every instance so far the child has known its alphabet and been able to recognize the letters anywhere, and call them by their right names before it was three years old. This very much simplifies matters, when learning to read begins in earnest. This I have never commenced later than at three years old. Five or ten minutes a day at first, and the time gradually lengthened, until now my little boy and girl of five and six have two hours a day of regular school, while the older girl of seven has, besides an extra hour by herself, far more

advanced lessons. I am quite sure that the regular employment is a gain to the children. We all enjoy the school hours, which are at a stated time and divided up into fixed periods for the different lessons—Bible lesson, reading, writing, drawing, counting and easy sums, gymnastic exercises, history, and geography. By only spending a short time on each subject the mind is not wearied, the attention is kept alive, and when the children return to their play it is with keener enjoyment from the consciousness of work well done.

I am often amused, considering the very small portion of each day which the lessons really occupy, at the great store which the children seem to set on the time which they can call their own, and no one who could see these bright, active little people running off to their well-earned play, with all sorts of happy projects in their minds for games of ball, trains, dolls, etc., could believe that they were being overworked. One morning in the week (Thursday) the usual school is omitted, and on that day the first announcement at the breakfast-table usually is, "Father, do you know this is our holiday?" And then follows the disclosure of the little plans they have on foot for this much-thought-of day. I mention this as showing what a great deal a little *regular, settled* employment will do toward making a child value time and getting it into the good habit of always having something to do. Regularity and punctuality, too, are learned. The children know the school-hour, and I expect, and rarely fail to find, the toys all cleared away, the lesson books on the table and everything in readiness when I enter the nursery at the appointed time. Of course they get a word of praise for having everything "so nicely ready for mother," and I really believe that a word of praise from one he loves is the greatest and, at the same time, the most wholesome kind of reward that can be given to any child. Though they appreciate their play time so much they all really enjoy their lessons, and

often, at the close of the fifteen or twenty minutes allotted to a subject, will beg me to go on a little longer, but I believe, as your other correspondent says, that one great secret of success in teaching young children is to stop *before* they get tired, and thus leave the interest fresh for next day's lesson.

With such young scholars as mine I always feel that the object in view is not so much (if at all) how many *facts* can be crammed into their little heads, as to awaken in them, if possible, a love of learning for its own sake, to cultivate habits of attention, patience and industry, to make them feel a little of their own insignificance in this vast and beautiful universe that lies all around us, and of the rich stores of knowledge which will reward those who search patiently after them. We do not want our children to grow up believing the end and object of all study to be the highest place in their class or the letters M.A. or Ph.D after their names. Desirable though this may be, we want them to continue all their lives earnest students, able to see whatever is beautiful, and noble, and true in all history and philosophy and science, and to apply it to the needs of the world. And if we would have them thus, we cannot begin too soon to teach them that learning is pleasant and that earnest study of some kind should form part of the happy routine of even a child's daily life. E.

Baltimore.

II.

So much has been said against regular instruction for children under six or seven, that I should like to give the results of the opposite system in my own family.

My little girl is five years and ten months old, forty-nine inches in height, weighs sixty pounds, has never been ill enough to spend a single day of her life in bed, and very seldom has even a cold. She goes out in all weather and on pleas-

ant days spends from four to six hours in the open air. She sleeps ten to eleven hours, digests perfectly, and is noticed by every one for her rosy, healthy appearance.

She reads fluently in both English and French, can write a good letter or dictation in either language, knows the multiplication table perfectly, and can work examples in the first four rules of arithmetic, knows time and money, the elements of grammar and geography, and has read about half of an easy history of England, and a similar one of France written in French. She can also sew neatly.

The alphabet was learned from blocks in her second year, and kept up as a play, with added knowledge of spelling simple words during the third year. At three and a half, regular reading lessons were begun—at first very short, and gradually increasing as the power of attention improved. When a little over four, French was begun both orally and from books; in the same year writing and arithmetic were taught; and since her fifth birthday two hours a day have been given to lessons, and the other subjects mentioned have been studied. She also reads for her own amusement in short intervals of time between meal times and the outings.

All this work has been done without straining the powers of the mind. The child is well and happy, never fretful or nervous, and enjoys playing with other children in the ordinary way.

I have taken BABYHOOD from the first number, and have tried to bring up the child by the best lights of modern hygiene and science, giving her close personal attention. But I cannot see the advantage of letting the mind go untrained for the first seven years, and then pressing and crowding school work to make up for lost time. C.

Philadelphia.





NURSERY PROBLEMS.

Child Life Insurance in England.

To the Editor of BABYHOOD:

BABYHOOD came about a week ago, and since then I have had no peace, because I am unable to get out of my mind the terrible picture painted on page 134 and called "Child Life Insurance in England." Having spent almost a week of misery in reflecting upon it, I can stand it no longer, and have therefore sat down to ask you a few questions, hoping to elicit answers which will assure me that the account is a gross exaggeration. Although not strictly of the nature to be inserted in your *Problem* department, yet I do hope that you will manage to answer these questions, or at least print them that they may receive reply in some way. In asking the questions, I will confine myself to the younger child, since, of course, if he could endure what he is represented to have gone through, one two years older could do the same.

Would it be physically possible for a baby two years old to support life for fifty-seven weeks entirely by his own exertions and with no place to find anything to eat but in the "gutters and ash barrels"? Remember that the occasional gifts of food from a neighbor were prohibited after the children were insured, and the account says absolutely that the parents left them alone, "providing nothing for them," and of the mother, that "not only did she not give them food, but she forbade the kind woman to give it to them," etc. Remember also that the gutters and ash barrels of a poor locality in England could hardly contain even such a feast as might be found among the waste of an American city. Yet, this child of two years, at the time of his insurance, existed for more than a year upon such diet procured by himself!

Would it be physically possible for a baby of two years to exist for fifty-seven weeks if exposed to all the changes of heat and cold "in a single garment," "swarming with vermin" and with never a particle of attention to the toilet in all that time?

How many beatings with a "loin strap" could be endured by a baby of two years, who was in the condition described, "reduced to skin and bone, sore with blows, with empty stomach"? Would not one such beating, given with the uncontrolled rage of those drunken fiends, be enough to kill a child of that age?

Can any estimate be formed of how long a child of two or three years old could live if absolutely "left alone," as these children were, unprovided with any food or care, save what they could get themselves?

Is it conceivable that an insurance company would have "no concern" as to whether the subjects insured were murdered or not by those who were to benefit by the insurance money? If a man burns his own house, has not the insurance company something to say about it? And what money could the child insurance companies make if the insured children were deliberately starved, frozen and beaten to death? For I take it for granted that not many

children could live through a year of such treatment, if these children did.

If this account is, as I hope it is, a gross exaggeration, is it not your opinion that it is wrong for the *Contemporary Review* to publish such a misstatement, and that it is calculated to belittle real stories of wrong and suffering when they are presented to us?

If this account is true, is there not a law in England which would arrest that father and mother for wilful murder and that "collector of premiums" as accessory to the murder?

Please answer these questions, as I am sure that your replies will be of interest to many more than the questioner. AGNES N. DALAND.

Leonardsville, N. Y.

Whether the tale as told by the *Contemporary Review* be literally true or not, we do not know. While we have known such instances of tenacity of life in childhood amid hardship and privation that forbid us to say that it is not physically possible for the younger child (probably two years old at the beginning of the ordeal) to have survived so long, we still think that it is extremely improbable. We certainly hope that death did not lag so long in his merciful visit. We believe that the indignant zeal of the writer ran away with his accuracy of statement. But we do suppose that such practices, similar in kind, if not actually in degree and duration, are carried on.

We know nothing of this kind of insurance. We suppose that it is not undertaken at all by companies of the better sort, and that the details are carried out by groups of middle men who care only for their fees, and that many of these latter fully understand what they are about. It is, however, a sort of business that can only be fully understood when carefully investigated by judicial or governmental inquiry. On its face it looks thoroughly accursed. In this country we have never fallen upon any such cases; but the epidemics of "grave-yard insurance," once in a while, show that the greedy carelessness of agents may easily aid the perpetration of fraud. It is wrong, certainly, ever to make a false or exaggerated charge, not only for the reason you give, but on grounds of common justice. We presume that such treatment, if proven, can come easily within

the English definition of murder, certainly of some kind of felonious homicide; but the difficulty always lies in procuring legal proof. Those who have most knowledge are implicated. The wretched neighbors will not or dare not inform, and if they do, cannot ordinarily prove more than stupid, drunken and brutal neglect; and it then becomes in the last degree difficult to distinguish, at least legally, between intentional cruelty, which is criminal, and the cruelty of brutish ignorance, which is appalling and heartrending, but not often reachable by the law.

Proper and Improper Filters; The Diet of a Costive Child.

To the Editor of BABYHOOD:

(1) Will BABYHOOD please tell me what kind of a filter is best to use for filtering water? I have read so much both for and against filters that I had come to the conclusion that there was about as much danger in using the ordinary filter as in giving the water unfiltered, but after reading the article in March number of BABYHOOD on "Intestinal Worms" I would like to have your opinion on the subject.

(2) Will you please tell me also what I can safely give my two-year old boy to lessen his constipation? In other respects he has seemed to be healthy all his life, but it seems I cannot overcome the constipation. Until he was fifteen months—he was weaned at nine months—he had nothing but milk diluted one-fourth with oatmeal water, and then his movements were regular though formed, but he then refused the warm milk and I gave him cold milk pure; for sometime afterward he had a regular movement every day. Unfortunately for him, I was taken ill, and was ill for ten weeks, and he was necessarily neglected a little, and he is altogether out of regular habits.

I give him oatmeal, not strained, for breakfast with bread and butter; lunch and supper are both milk with bread and crackers, and for dinner he has either broth, or egg, or occasionally a little meat, which, however, he does not relish. I tried stewed prunes, but they do not seem to digest, and I wish you could recommend something that would be safe to give him. He still takes a nap of a couple of hours at noon, and sleeps from 6 P.M. until 6.30 A.M., only waking a couple of times for a drink of water.

I have used glycerine suppositories when necessary for him, and have never given him any medicine, but occasionally Castoria, but that does him no good; and he fights against the suppositories so much that I would like to do away with the necessity of using them.

I have looked over all my numbers of BABYHOOD, but would like some advice for my particular boy.

Elizabeth, N. J.

P. T. N.

(1) If you care to buy one of the well-known "Pasteur" filters which are rather costly, and will keep it in order, you will have, we think, a safe article. Ordinary filters, we believe, do more harm than good. They strain out coarse dirt, but they are admirable culture places for all the micro-organisms found in water. Our favor-

ite device for cleansing water is to have a number of bags made of stout flannel with strings at their mouths. One of these is tied over the opening of the faucet and the water turned on gently; this strains out coarse (visible) dirt. No bag should be used more than one day, and if the water is unusually dirty, the bags may be changed several times daily. They should be thoroughly boiled before being used again. If there is any reason to suppose that the water is unwholesome, it should be boiled before using. It may be kept in stoppered bottles or jugs, and if desired for drinking, a bottle may be easily cooled in the refrigerator.

(2) Until you can regulate the child's diet with food, we think the suppository or the enema is your best resource. Sometimes the powdered phosphate of soda is found useful. It has the advantage of having but little taste, and that not unlike that of common salt. It can be dissolved in food, a stout pinch being given several times daily. For such a child more fruit may be allowed than would otherwise be proper. Figs, prunes, thoroughly stewed and rubbed through a colander, apple sauce or the pulp of an orange may form part of the diet early in the day, and should not be given at the same time with or near to milk. Graham bread eaten with the fruit is useful.

Water Probably Better than Milk for Flatulence.

To the Editor of BABYHOOD:

My baby, now three and one-half months old, has always been greatly troubled with flatulency of the bowels, attended with considerable pain, which keeps him from having long naps either night or day. I have been much advised by doctor and friends, and tried all remedies I thought prudent (never using paregoric, soothing-syrup or anything of that nature), with no good result. For two months he was fed entirely from the breast, but since has been fed partly with cows' milk (diluted with water), not regularly, as the breast is his one comfort when in pain.

Will you kindly advise me on this subject?

A SUBSCRIBER.

The particular things you have used are not mentioned, only those you have avoided. We may assume that your diagnosis of flatulence with pain is correct. If this be so, the "one comfort" is not the best remedy. Flatulence is an evidence of indigestion; to add more food to be digested is not a wise method of cure. If the pain were due to hunger, it would be right, but for flatulence breast milk can have no beneficial action except as a warm liquid. Therefore we think that a warm liquid not requiring digestion—water namely—would be better. It may be administered

with a spoon or from a bottle. The water may and should be given as hot as can be comfortably taken. To it may be added, in case of severe attacks, a few drops of one of the various cordial preparations, say essence of peppermint, of spearmint, or of anise. Particularly efficient, although very disagreeable in odor, is asafetida tincture.

But it is wiser to prevent, if possible, than to cure, and the child's digestion should be looked to. The particular fault we do not know, probably your physician can find it out. There may be a fault in the milk given, or its method of preparation or of giving it. The child may need pepsin, or need its artificial food peptonized and so on. A multitude of things may cause flatulence, which one acts on your child some one near by must tell.

Another Case of Flatulence; A Hint for a Home-Made Bath Tub.

To the Editor of BABYHOOD:

(1) Without much knowledge on the subject as to what other people do, I have undertaken to care for my little one in a systematic way. May I ask your advice in regard to my plan?

I nurse her entirely. I begin at 6 A.M.; at about 8 A.M. she is bathed; at 9 she is fed again. She then sleeps until between 12 and 1, when she has another meal. She generally goes to sleep again for about an hour at 3 P.M., and is fed at 4 P.M. She is fed again at 7 P.M., being undressed just before, and then is put to sleep as soon as possible, and sleeps until about 1 A.M. She is then fed, and I manage to keep her quiet without further feeding until 6 A.M.

The baby is about four months old. She seldom nurses for more than ten minutes at a time, and often less. Should you think she obtained enough nourishment from being fed according to the plan given? She seldom acts very hungry, except immediately preceding the meal at 6 A.M. She seems well, with the exception of constipation and considerable trouble with "wind." That, I suppose, indicates indigestion, and I have been trying to find the proper amount of nourishment for her.

(2) May I ask what remedies you advise for "wind"?

(3) May I also ask if you can tell me where to procure a portable, folding, rubber bath-tub for a baby?

J. H. M. S.

Saratoga Springs, N. Y.

(1) Your plan seems very good.

(2) See answer to the preceding problem on the same subject.

(3) Very nicely made ones, costing \$10, can be ordered from the Women's Exchange, 329 Fifth avenue, New York. Cheaper ones, but equally useful, can doubtless be procured through any dealer in nursery supplies in your city. It is no great undertaking to make one. A carpenter can make a folding cross-legged frame. Strong webbing, nailed at the ends, holds it when open in the proper position, and the rubber can

be tacked to the frame and sewed to the webbing, being duly puckered and folded at the ends.

Constipation.

To the Editor of BABYHOOD:

My little baby girl, seven months old, has been badly troubled with constipation for the past three weeks. Up to that time I have never had the slightest trouble with her in this respect. Will BABYHOOD kindly tell me what to do for her? I am a constant reader of its columns, and am also a young mother and a stranger in a strange land. Baby is bottle-fed. We give her Fairchild's milk powder, using part water and part cream. Since she has been troubled with constipation, I have given her oatmeal water in the place of the boiled water. I have gradually given it to her thicker, using two tablespoons of oatmeal to a quart of water, and boiling it two or more hours, and straining. I do not see that it has the least effect upon her bowels, but it seems to agree with her, and I think it good for the little lassie. She cut two teeth when five months old, but has cut none since, although I think some "are coming." She has always been a colicky baby, but aside from this she is the picture of health and has never been ill.

Does the use of the injection weaken her? I use it every morning. I have tried using soap, but it seemed to hurt her. Any help which you can give me will be thankfully received.

California.

AN OAKLAND MOTHER.

We think the injection not harmful, but a glycerine suppository will be found more convenient and perhaps still more advantageous.

Fissures Resulting from Costiveness.

To the Editor of BABYHOOD:

(1) My little boy, three years old in March has not been well for several months. From the seventh to the sixteenth month he was troubled with constipation, being badly torn many times and having piles slightly twice. The physician said he would outgrow it. I used a balsamic ointment which healed him, but still left him tender. He cut his twentieth tooth last August, and after that was again torn from costiveness. While teething I noticed that the intestines were inflamed, as he easily chafed. I used pure glycerine suppositories, and he cried just as he does if his hands become chafed. During September I used injections of white castile soap and warm water. He slept well—his eyes partly open—and seemed to suffer much of the time. He sometimes refused food, but not often. The stools seemed coated with a membrane, in appearance like the matter seen on sick gold-fish. I thought it might be the soap used. In October, I began using two tea cups of pure warm water, or as much as he would take without seeming too uncomfortable, and the ointment; soon after I thought him cured. He ate and slept well (and still does) and is very happy. The fissures seemed to be healing. I allowed him to resume his daily walks, which I had before very much restricted. A few days ago I noticed a change in his face, rings again appeared under his eyes, which are clear and bright, and sometimes he looks very tired. He sleeps quietly from 10.30 A.M. to 12 M., and from 7 in the evening until 6.30 the next morning, besides getting a little rest in the afternoon, and he has a good appetite. His food seems to be well digested and the stools

natural again; but two days ago I omitted the injection and though he had a fairly good movement, and the stools were not large, he seemed inflamed again. His flesh is solid. For one week I gave him nothing but liquid food and his intestines became apparently well, but he lost flesh and did not look as well in his face as before. I had followed BABYHOOD strictly in regard to his diet. Home-made Graham crackers made from unsifted flour was the first and only thing that caused a thorough movement every day, but I considered the bran irritating, and fear to try it again. What should be done?

(2) I did not have sufficient milk for my first baby. Is there anything I can take before the arrival of another to increase the supply?

(3) Can I, with safety, entirely dispense with bands for my second child? T. L.
Aspen, Colo.

(1) We believe that there will be no harm resulting from the renewed use of the Graham crackers. The main object is to secure a movement which is soft and not mechanically irritating. If food alone does not do this, some medicine will; perhaps as good as any is an Elixir of Cascara, or Maltine with Cascara, taking care to have the dose small. If there are fissures or other signs of irritation of the seat after each movement, cleanse the parts thoroughly with warm water, with or without a very small quantity of borax powder dissolved in it. Then apply to the irritated parts oxide of zinc ointment, enough to cover the fissures.

(2) A generous, but not excessive, diet of digestible food is the best thing.

(3) Probably you could. But during the process of the healing of the navel, say during the first month or so, a moderately snug, but not a constricting band, will be found convenient to retain dressing, etc.

A Doubtful Case of Worms.

To the Editor of BABYHOOD:

Our baby boy is a large healthy child, fifteen months old. He has only four teeth, does not walk alone, but stands alone and talks quite a good deal. His food is rich milk diluted with barley water, or thin-strained oatmeal gruel.

He has spells of having bad breath and being feverish. Do you think it probable that he has worms? He had the same symptoms before he was entirely weaned. He has never been allowed to eat solid food except occasionally a crust of bread. We called our physician in a short time ago. He thought he had several symptoms of worms, but didn't think best to give anything for them yet. He gave some stomach powders which have helped his breath. E. T. B.

Naples, N. Y.

The symptoms of intestinal worms and those of certain derangements of the digestive tract which may or may not be caused by irritation of worms are so similar, that in the absence of ocular evidence it is rarely possible to positively say that

a patient has worms. In your child's case the benefit which followed the administration of medicine for the correction of a disordered condition of the stomach illustrates the chance for doubt, and also makes the presence of the worms more doubtful, as relief has occurred without evidence of any worms having been destroyed.

Proper Dilution of Condensed Milk; The Real Use of Lime Water.

To the Editor of BABYHOOD:

I received a week or so ago a sample copy of BABYHOOD that seemed so fully to meet a desire I have had for a magazine devoted to the best needs of little ones since the birth of my little one five months ago, that I at once subscribed for it for this year.

In this month's number you speak of condensed milk as a food for infants, and say, "BABYHOOD does not recommend condensed milk because it can recommend better things." You say, it is deficient in fat; and therefore lacking in nutritive qualities. As nature has deprived me of nourishment for my little one, I have given her Borden's Eagle Brand of condensed milk, properly diluted with water that has been boiled, a tiny pinch of salt, and a little lime water. She is five months old, and these are the proportions: 6 ounces boiled water, 2 teaspoonfuls of condensed milk, a pinch of salt, 2 teaspoonfuls of lime water. She takes about this amount every three hours during the day and about half the amount once during the night. She weighed 7 pounds at birth, and now, at five months, weighs 17 pounds and seems very strong. Her only difficulty is constipation, which I have heard is a usual occurrence with bottle-fed babies.

(1) Would you continue with the condensed milk, when she has gained so much, and seems so well, and I have used nothing else? If not, what do you recommend that is better?

(2) Am I using the right proportions for her age, and are 42 ounces too much in quantity for twenty-four hours?

(3) Do you think any harmful results may occur from using lime water in every bottle. If so, how often would you use it? She never has sour stomach, so I do not need it for that purpose, but I have always thought with one of your correspondents that it aided in "forming teeth." M. V.

Yonkers, N. Y.

(1) When a child is really doing well we don't advise change even if the food is not what it ought to be. Many children, like many adults, have sufficient digestive power to be nourished from imperfect food. In practice—particularly in dispensary practice—condensed milk is often the best food that can be obtained, and its deficiency in fat can be made up by using cod liver oil, and the sugar deficiency, which exists if it is properly diluted, made up by adding sugar.

(2) This being the case, it is not easy to say what are correct proportions as regards a food which is admittedly imperfect. Condensed milk which is preserved and canned is inferior to that made by the same makers and sold in many cities

from delivery wagons. This last is only a substitute for good, ordinary milk whenever the latter is not to be easily had. We think that you dilute the condensed milk too much for an adequate food; its high dilution makes it easily digested but not very nutritious. By increasing the strength of the mixture somewhat, from time to time, you can increase its nutritive power while you watch the digestion. If you wish to try another kind of food altogether, we would suggest that it be done under the advice of a good physician, who has looked the baby over carefully to see what is lacking in her nutrition.

(3) No. Lime water is added to milk really for this reason: to give to it the alkaline reaction which fresh human milk has. Cows' milk as sold is usually acid to the litmus paper, not "sour" in the popular sense.

A Wise Repugnance to Food; Unusually Early Teething.

To the Editor of BABYHOOD:

My six months old baby, since two months old, has refused to nurse, except at intervals of several hours (often five or six), and usually not until very sleepy. I have an abundance of milk, and it appears to agree with him, as he grows rapidly—never gaining less than $\frac{1}{4}$ of a pound a week, and having more than doubled his weight (11 pounds) since birth—and is very active and strong. He rarely regurgitates the milk; however, he often passes undigested curds. I have given up night nursing.

(1) Is there anything I can do to overcome his apparent repugnance to the breast, as I fear he will wean himself soon? He has never been fed anything at all. Should he wean himself, what shall I feed him?

(2) His teeth seem to be coming down rapidly, the eye teeth being almost as far advanced as the incisors. During this time his bowels are very loose, passing a green, slimy mucus, and he often has ten or twelve passages during the day, though not great in quantity. This apparently gives him no uneasiness, as he frets but little, rarely cries and never has the colic. His strength seems phenomenal. He can sit alone, can raise himself from a reclining posture, and lift considerable weights. He seems happy as a lark. I have tried neutralizing cordial and other remedies, but to no avail, as the looseness continues. What can I do to correct his bowels?

(3) Shall I keep the baby in flannels and woolen stockings during the summer months?

Des Moines, Iowa.

E. H. A.

(1) While five or six hours is an unusually long period for a child of six months to go without suckling, we think that it is a very wise infant who knows enough to abstain from food which it does not need. We cannot see any reason whatever for urging a child, who at that age gains weekly a quarter of a pound and is so exceptionally strong, to take more food. There is no likelihood that he will wean himself before he is fit to be weaned.

Such a strong child could probably be weaned safely at ten months or even earlier. If he should himself do so at about that age, he could probably digest perfectly milk diluted with oatmeal gruel or barley water.

(2) If you mean by "coming down" that the teeth are through the gums, we should suggest that you look again to see if you have not mistaken the later incisors for the eye teeth, for, after the incisors, usually come the first molars and then the canines. An eye tooth at six months would be very unusual. The bowel looseness should be attended to by a physician, not by BABYHOOD. While BABYHOOD strives to give good hygienic advice, it has always refrained from prescribing for cases, and above all, for cases which need prompt attention, if any.

(3) Yes.

A Trained Nurse May Reform the Baby.

To the Editor of BABYHOOD:

I have just become a subscriber to your magazine, and find the advice so excellent that I would ask for a little about my eight weeks old little girl. She is a very good baby, only crying when in pain or hungry; but her rest at night is very broken. She is brought up on the bottle, and now wants three to four bottles every night. She gets 2 ounces of cows' milk, 1 ounce of water and one-half teaspoonful of sugar-of-milk—of course sterilized—in each bottle. She cries if left in bed and petted, not resting till she gets her food, and then it often seems insufficient. She wakes about 7, gets bathed, then sleeps till 12 or 1 o'clock, and we have to insert the nipple in her mouth. She takes the milk, then goes to sleep again. She is awake in the afternoon, but toward evening gets cross, and although we have tried ever since her birth to make her sleep from 7 o'clock, it is seldom before eleven that she sleeps.

Why is she so restless at night, and does she sleep too much at one time (*i. e.*, in the morning)?

Is it natural for her to want to be fed so often at night, every two to three hours?

If she cries directly when through her bottle, what ought to be done?

Is it good to insert the nipple in her mouth if she does not wake in time for her food?

Is it good to keep her awake, even if she wants to sleep very much, in the afternoons?

YOUNG MOTHER OF FIRST BABY.

New York City.

The questions cannot be categorically answered for want of certain details. Each meal contains enough food in bulk and probably could be better digested if it contained a larger proportion of water, presuming, of course, that the milk used is of really good quality. But we do not know how many meals in the twenty-four hours she has. Six is about the right number, certainly no more than seven should be allowed. She seems to have a habit of "turning night into day," doing most of her sleeping by day. Whether this is

due to indigestion or merely to habit we cannot guess. It is not good to put the nipple into her mouth when asleep. Keeping her awake in the afternoon might help you in the evening, and so lead to a better condition of things. We suspect that it would pay you to have a systematic, trained nurse take the baby for a week until she got into regular habits of sleeping and eating.

Flatulency the Probable Cause of Hiccoughs; Bicarbonate of Soda as a Corrective of Indigestion.

To the Editor of BABYHOOD:

Our baby boy is five months old, and weighs 17½ pounds, a gain of 9½ pounds since birth.

(1) Is this good weight for a baby of that age? He generally sleeps at night from ten until eight, nursing twice, and each evening he gets a couple of hours' sleep. During the day he seldom sleeps more than three hours at three different times.

(2) Do you think he gets enough sleep? He has never slept more than that daily since birth.

He vomits badly at times an hour after eating, to remedy which he is given a grain of bicarbonate of soda three times daily.

(3) Can you point out any harm from the use of soda? His bowels seldom move more than once daily.

(4) Would you recommend the use of soap suppositories to produce two movements? He is extremely good-natured and seldom cries except from occasional stomach-ache. His hearty laughter sometimes brings on violent hiccoughs.

(5) What is the best way to stop them? He is occasionally troubled with colic at night for which cause soda water diluted is given, which seems to relieve him at times.

(6) Why is he always troubled at night, and can you suggest anything better and less harmful than anise water? NEW SUBSCRIBER.

Brooklyn, N. Y.

(1) Yes; very good weight.

(2) If we count rightly he gets ten ("from 10 to 8"), plus two, plus three, equal to fifteen hours sleep, less the time lost in two night nursings. That is probably enough.

(3) The soda is probably not harmful, it is not if the vomiting is due to acidity, but if it is due to over distension the proper remedy would be smaller meals.

(4) If the one stool is hard or dry, yes, otherwise not.

(5) This answer depends upon the answer to (3). If the hiccough is due to over distention or indigestion, the latter must be corrected. If not, feed him rather slowly. Any thing which makes him swallow slowly and regularly will tend to interrupt the hiccough.

(6) We do not know. Nothing that you have mentioned explains it. Possibly he gets cold at night. More likely he is always somewhat flatu-

ent, but the shorter naps and greater activity of the day prevent the accumulations of gas which latter are favored by his lying still at night. The anise is perfectly proper. Asafoetida is an excellent remedy and quite efficient, and is the basis of some popular nostrums.

The Handiest way of Bathing; Secretion in an Infant's Breast.

To the Editor of BABYHOOD:

(1) Do you think that children of two and three and-a-half years old require a daily bath, and is it better for them to have it? Since my third baby arrived, I have bathed Nos. 1 and 2 two or three times a week. Baby No. 3 was "colicky" and required so much attention that it was very inconvenient to bathe the others every day, but I could manage it now if it would be better for them.

(2) Do the breasts of girl babies ever gather if the secretion is not "milked" out during the first few weeks? The babies did not cry during the process, which my nurse said was necessary, but the breasts were very red from the squeezing, and the practice seems to me to be a cruel one. Is not the secretion naturally absorbed if let alone? You had something on this four or five years ago, before I became a subscriber, but I suppose it is now impossible to get the number which contained the article.

Steubenville, O.

L. B. W.

(1) Not a full bath. The handiest way to bathe such a child is to let it stand in a little lukewarm water in a tub and sponge it quickly down with cool water. The warm water keeps the feet from being chilled, while the cool water is stimulating to the circulation. But even so much of a bath is not absolutely necessary for every day, while we think it is advantageous.

(2) We cannot say "never" about many things. But suppuration of the infant's breast is rare, and we think that the secretion in the breast, which is not peculiar to one sex, is better left alone unless some special symptom calls for treatment.

Supposed Virtues of Fur; The Proper Time for Weaning.

To the Editor of BABYHOOD:

Having read and profited by your instructions ever since my baby boy came into the world, ten months ago, I now wish to ask your advice on a few vexing questions which I cannot find answered in the preceding numbers. He has always been a strong, healthy, happy baby; has six teeth and weighs 22 pounds. He is very apt to have the croup, and for this my physician ordered a piece of fur to be worn over the throat and lungs during the winter months, hence my question.

I would like very much to visit the coast of Maine this summer, but have been advised against making the long journey and change of climate with Baby at his age.

Now, in regard to weaning, BABYHOOD says not to wean a baby when hot weather is coming on. Does that mean if it is coming in a few days, or not

to wean in the spring when the warm season is close at hand?

(1) Do you advise the wearing of the fur for croup, and why?

(2) Is he too young to take the long journey to the seashore?

(3) Shall I wean him this spring or wait until next fall?

(4) Ought the nurse to keep a baby's head covered for the first two weeks? M. B. G.

Minneapolis, Minn.

(1) We do not advise wearing fur in this climate; we cannot speak very decidedly concerning that of Minneapolis, which is pretty cold in winter. Good, warm, even coverings, but not burdensome, are the best safeguards against draughts. Much will depend upon the construction of the house in which you dwell, its ventilation and method of warming.

(2) No; not if you take care that he have good sweet milk on the journey and at the seashore. You can sterilize enough milk to last through the journey and arrange in advance for your supply at the end.

(3) In the spring. You have misunderstood BABYHOOD which says do not, if you can help it, wean during hot weather. It prefers to wean before the heat comes, unless the infant is so young that the question can be left till autumn. In this case the weaning should come, if possible, before June.

(4) This also depends upon the warmth of the room.

Eggs, Bananas and Other Articles of Food.

To the Editor of BABYHOOD:

It is of the same wakeful baby I write again, but this time it isn't about sleep (though she sleeps even less than formerly), but about diet that I wish to ask your good advice.

Baby has never taken more than a quart of milk a day, and has not increased the quantity for several months, and as she takes as much milk after eating a large slice of bread and butter as she does when she has nothing but her milk, do you not think she is needing something more than milk? Fond grandparents want to give her "angels' food" and cookies, but we object, believing she should have a wholesome diet. However, we do not know just what that diet ought to consist of for the next six months. I tell you rather hesitatingly that Baby has not yet been weaned from her bottle. She will be seventeen months old soon, and I suppose you think it is "high time." And I also am afraid that weaning her from her bottle will mean from her milk, unless nothing but milk is offered to her during the "starving period." She does not know how to drink—never having taken water—and will not touch her milk in anything but a bottle with a black nipple on it.

Baby cut her eight front teeth without any trouble, but all contrary to your ideas about teething, in cutting her four molars (all coming at once) she was pitifully fretful for a month, and so sick for two weeks that we had to call our doctor. She took nothing

but milk during that time, and would only take a pint in twenty-four hours. She lost 3 pounds in four weeks, and at sixteen months only weighed 18 pounds—the same she did at a year old. So having had so severe a time in cutting these last teeth, I dread the summer months with a prospect of her cutting her stomach teeth, and come to you, BABYHOOD, for counsel.

(1) Ought not milk to be her chief food during the summer?

(2) What do you think of a soft boiled egg for a baby of a year and a half, provided, of course, the movements show digestion.

(3) Could a banana be harmful? And would you advise any summer fruits?

(4) Because a baby has cut her molars, ought food that needs to be masticated be given to her?

Englewood, Ill.

FIRST BABY MOTHER.

(1) Yes.

(2) A child of good digestive power can take a soft-boiled egg, well broken up, at that age, but not only should the movements be examined for evidences of digestion, but the tongue and state of breath as well, and general condition, as manifested by fretfulness or good humor, etc., because a concentrated nitrogenous food like the egg will often cause trouble, if the digestion is not strong, similar to what is described in adults as "biliousness."

(3) A banana could and probably would be harmful. When admitted as a laxative, it should be cut into wafer-like slices and fed slowly, each piece being chewed before it is swallowed. Children usually bolt a banana in lumps, in which condition it is difficult of digestion, and may produce the severest types of indigestion. This effect, we think, is not due to any inherent indigestibility of the food, but to its pasty consistence which permits its being swallowed in the way above mentioned. We do not think that a child of about two years of age—as your child will be in summer—and who is to live chiefly on milk, should have much summer fruit. The only fruit we can think of as probably harmless, is the carefully selected pulp of a very good ripe peach. The juice of a water-melon is little more than a drink, and can be allowed, if the fruit is at its best. But these must neither be given with or near milk, for milk seems to recognize acid constituents which the adult palate does not.

(4) Not necessarily, but such food is then admissible if other conditions are right. We may add that you seem to have misread BABYHOOD, if you understood it to say that the evolution of the teeth is never attended with pain or other disturbance. BABYHOOD knows better. What it did and does say is that healthy teething is not so attended. Abnormal teething is common enough. Your little one's disturbed sleep, about which you have

consulted us, and her whims about food, both suggest that her condition has not been one of perfect health, and that in such a child teething might easily be a source of disturbance.

Warm Weather Garments.

To the Editor of BABYHOOD :

My boy will be two years old in September, and I would be glad to know what material you advise for his summer night gowns, single garment; he has been wearing cotton flannel night drawers with feet in all winter. Also what style shirts are best for the warm weather? He felt the heat very much last summer, and I would like to get the very coolest kind that are safe. Does BABYHOOD think it running a risk to put half stockings on a child of that age, in warm weather, of course? T. B. O. R.

Media, Pa.

Night drawers with feet of light woolen flannel are excellent for warm weather, as they afford protection, even if all other cover is tossed off by a restless child. In our experience, they are both more comfortable and safer than cotton flannel, which is a particularly uncomfortable material after washing. The half stocking is not more comfortable, and simply exposes a vulnerable point, the knee.

Magnesia as a Laxative; Balls from Graham Flour; Garters and Stocking Supporters.

To the Editor of BABYHOOD :

I would like two or three questions answered through BABYHOOD, which is my authority on nearly all subjects.

(1) Is there any harm that can possibly be done by feeding magnesia? I was advised to use it in the cream food in place of the lime-water, on account of its laxative effect. Baby, eight months old, is badly troubled with constipation. I put about half a teaspoonful into each of the five or six feedings per day.

(2) Could not flour-balls be made from whole wheat flour or rather from sifted Graham, which would be more laxative and more nutritious than if made from white flour? We buy the whole wheat and have it ground fine, and use a great deal of it in the family. It seemed to me if the coarsest part were sifted out the other part might be better than fine white flour.

I have been using some Mellin's Food with top milk, but as the food is quite expensive, would like to find a substitute. Milk, or even the cream food, does not do as well with my baby as the Mellin's Food.

(3) If the Gertrude suit is used for the short clothes, what will hold the stocking supporter? Does BABYHOOD approve of the round elastic?

Claremont, N. H.

R. C.

(1) Magnesia is probably not so harmful as was formerly supposed. It is soluble and laxative only in combination with some acid, which acid may be met in the alimentary canal. The older physicians always gave warning of the danger of

masses forming in the bowels. This may have occurred, but must have been very rare, as it has been given very freely as a domestic remedy. On the other hand, it is not a desirable remedy. If a laxative antacid be desired, bicarbonate of soda has all of the advantages of magnesia without its alleged disadvantages.

(2) They could be made from those flours, but as the composition of the flour is changed by the prolonged boiling (and for that reason is used) similar changes will take place in the Graham flour, and if that part only which will pass through a sieve is to be used, the result would probably be almost identical with the ordinary flour ball. There is no harm in trying it, however.

(3) There is practically little or no choice between a proper round garter and the stocking supporter. The round garter, if not too tight, does no more harm than the other in our judgment. But if you prefer the supporter you can put supporting buttons upon the inner garment of the Gertrude suit.

Meigs's Formula for Feeding; Vomiting of Curds.

To the Editor of BABYHOOD :

I am obliged to wean my four months' old baby; and in studying the question of food, have decided to have her a "BABYHOOD Baby" entirely—so have commenced with the Meigs formula, which you recommend; but as she grows older, the milk and cream must be increased so as to satisfy her.

(1) When and how shall I begin to change the proportions? Could I keep the same quantity of sugar with less water and same amount of lime-water?

(2) In sterilizing this mixture, should I keep back the lime-water, and then, when it is added, should the amount be the same (2 ounces in half a pint) as if the mixture wasn't sterilized?

(3) What is the cause of curd vomiting, and how can it be prevented?

Any advice you will kindly give me will be very gratefully received.

A PUZZLED MOTHER.

Baltimore, Md.

(1) The proportions need not be changed until she reaches the usual age for weaning, say ten to twelve months, or even later. The mixture is intended to represent good average breast milk, and if it agrees at all, should agree as long as breast milk would.

(2) The amount of lime-water in Meigs's mixture seems unnecessarily large. If you refer to Rotch's modification of Meigs's Food, alluded to in the same article on "Cream Food," you will see that he uses less. We do not think the excess of lime-water harmful, however. It should be added after sterilization. This amount, after the addition of the lime-water, should be the same as if the food were not sterilized. If the food is not entirely

satisfactory to the child's stomach, slight peptonization of the mixture before sterilization often makes it so.

(3) Vomiting of hard curds occurs when the milk is not sufficiently diluted or the stomach is too acid. Any milk, even breast milk, is always curdled when it enters the stomach, as a step in the process of digestion, but the curds are soft and finely divided. If these are thrown up after nursing, the commonest cause is a too full stomach or want of quiet after a suckling.

Condensed Replies.

Toledo.—The remedy you ask about is extensively advertised, but has not been very largely used by physicians in this vicinity, and we have little knowledge of its value from sources upon which we can rely. Such a condition of the digestive apparatus as you describe needs careful treatment or explicit instructions from a physician. At the very start a small dose of a mercurial laxative would probably be advised and it would be followed by other remedies, according to the special indications. We have our favorites, but it would not be wise for you to try to treat the case yourself.

L. P. G., England.—The child taking a quart of milk, with flour and bread, probably gets enough food for her age (about one year). She probably does not get so much advantage from the bread as she would from oatmeal gruel, with perhaps a slight increase in the amount of milk. This change would likely be of some value in making constipation less.

The child's teething and general forwardness seem satisfactory, and as nothing but the consti-

pation is mentioned in the way of ailments we judge she is doing well. She may have beef tea once a day and stale bread well buttered, the crust or well baked parts being preferable. Wait a little before trying the egg, as too much increase in variety at once is undesirable. Later, also, will come the milk pudding, but they are better deferred until after the summer. Until then, milk will be her principal diet.

You would find many hints in the little leaflet (reprinted from *BABYHOOD*) by Dr. Holt, which can be had at our London office, 92 and 93 Fleet street.

In writing to us you will get much more precise information if you will kindly make your questions distinct and number them.

Mrs. McL., Washington, D. C.—The April number was printed before you wrote. There is no real need of changing the child's food through the summer. If you get the milk fresh you may give up the top milk plan, dilute the entire milk gradually less and less, and finally, by autumn, he may take it pure. The only advantage of the bottle is that the child will thus take the milk slowly, and it will be more digestible than if hastily drunk.

If you can be sure of the condition of the stables, the cow's udders, the dairy and all the surroundings of the milk at the farm, you may not be obliged to sterilize it. The sterilization is a great safeguard, especially in hot weather, and we may mention that the worst cases of milk poison have not been reported in large cities. On the other hand sterilized milk does seem to be rather more constipating than other milk.

For a child as old as yours, there is no object in sterilizing each bottle of milk separately. The whole can be sterilized in a large bottle or preserving jar, and well shaken before the quantity for each meal is taken out.

CURRENT TOPICS.

Model Dispensaries for Children.

A correspondent of the *New York Evening Post* furnishes the following graphic description of one of the most admirable of the many charitable institutions for which the French capital is famous:

"These dispensaries have taken their place long since among the most useful of Parisian charities, and by the absolutely free advice which they offer to all mothers who choose to bring their children to them, and by the daily treatment (free also), the baths, the tonics, etc.—of which I shall have more to say presently—have done a most valuable work in diminishing the number of those chronic cases, especially diseases of the eye, which often are so easy to cure if taken in

time, so terrible in their consequences if neglected. Three times a week, for two hours, each one of them is open for consultations, and as I have attended more than one of these consultations, both at Montmartre and La Villette, I can speak from personal observation of the manner in which they are conducted.

"At the appointed hour the doctor takes his place in the consulting-room, having as his assistant either the Superior of the house (for all the children's dispensaries are under the care of Sisters of Charity) or one of the ladies of the Society. The assistant records the names of new applicants, partly fills up the prescription papers, and is quick to touch the bell the moment the doctor is ready for another patient—the women being ad-

mitted in turn according to the numbers which have been given to them on their arrival, and passing afterward to the pharmacy (in an adjoining room), where the medicines are prepared by the sister in charge. The assistant has on the table beside her a box of simple bonbons, which I noticed the children frequently glanced at, and which are distributed to those who have anything painful to undergo, as well as to all who for any reason need special soothing or encouragement. There are also beautiful mechanical toys—gifts of the managers—which in certain circumstances the children are allowed to play with for a little while.

“On one of my visits to Montmartre the lady who was helping the doctor was one whose name would be quickly recognized if I were to mention it here. She is young and charming, well known in the gay world; but she is also one of the most faithful of all the patronesses in her attendance at the dispensary. And I could not help admiring heartily the manner in which she did her work—at one moment making neat and business-like entries in the inscription-book, and at the next speaking reassuring words to the anxious mothers or to the timid, fretful children.

“The doctors of these dispensaries are chosen with the same care as are those of the establishments for adults, and are no rough, raw practitioners, but courteous gentlemen, skillful and well known in their profession. Assuredly, it is not self-interest which prompts them to spend some of the most valuable working hours in these remote districts, attending to the wants of the very poor, but a genuine interest in the cause which the Société Philanthropique has undertaken. One often has occasion to notice that tenderness for children which is one of the striking characteristics of the French; but I think it has never impressed me more strongly than on the part of these doctors toward their forlorn and sometimes repulsive looking little patients. It is not only that they address them so prettily as *chéri petit monsieur*, *ma gentille petite demoiselle*, etc.—it is also the gentle and kindly manner in which they examine the eyes and throats, and listen to the breathing of the poor little sufferers. And to the mothers there is the constant and necessary reiteration of advice in regard to the care they should take of their children—of the benefit to be derived from fresh air, extreme cleanliness, proper food and clothing—advice which has had an appreciable influence in those districts where the dispensaries have been longest

established. For the mothers did not seem to me, as a class, either stupid or indifferent; on the contrary, I was struck by their direct and intelligent answers to the doctor's question, and by the quickness with which they seemed to understand his orders.

“So much, then, for the consultations which, after all, make up one element only—and that perhaps the least important—of the dispensary service. What seems to me the most powerful agency for good is the daily treatment by various kinds of baths, the constant attention to the eyes, the administering of tonics, etc., and the innumerable opportunities thus presented for the exercise of true motherly care and influence on the part of these devoted sisters. And of this, too, I speak from actual observation. For, in addition to the many short visits which I have paid to the several dispensaries (visits which led one of the assistants to ask not long ago whether madame was intending to found a similar one), I lately spent a whole day in the establishment at Montmartre in order to observe minutely every small arrangement; and the mode of proceeding in one is—with some slight variations—that of all the houses.

“From eight to ten o'clock in the morning, and from four to five in the afternoon, they are open to all children that are following any course of treatment. In the morning, when the little boys and girls arrive, the rooms—which previously have been well aired—are warm and comfortable, there is plenty of hot water, the towels and blankets have been got ready and placed in the *chauffoirs* prepared for them (with the little *peignoirs* which all wear in the bath), the oilskin caps are waiting for those who are to have the douche, and in the ‘Maison des Bijoux’ I noticed an additional evidence of thoughtfulness in the shape of a number of little *sabots* for the children to wear in going from the dressing-room to the baths, which they apparently look upon entirely in the light of playthings.

As soon as the rooms were open, I took my place beside the sister who attends to the eyes, and watched the constant succession of children who claimed her care, for in Montmartre as elsewhere the majority of the Society's little patients are sufferers from ophthalmia. One baby of a year old cried piteously and seemed in positive terror, when the bandage was removed from its closed and horribly inflamed eyes; but most of the children displayed a confidence that was most touching, as they walked up to the sister and opened

their eyes wide for the salve to be put upon the lids. And she, taking each time a fresh bit of soft linen from the pile before her, did her work with so firm and so gentle a hand, that I did not wonder at the confidence she inspired. As they left her many of the children crossed the room to another sister who was presiding over the tonics, and received a dose of iron or oil—actually taking the latter without seeming in the least to dislike it. In my ignorance of medicine, I had supposed that cod liver oil was given for a very limited number of maladies, but here I was told that it is most useful to these poor anæmic children, and that one tablespoonful has in it as much nourishment as a cutlet.

“From this room I passed to an adjoining one, where the baths were being given in tubs of half a dozen different sizes—salt baths, sulphur baths, starch baths (the latter are much used for diseases of the skin.) Some of the children were taking their soup even while in the water, after the manner with which one is familiar at Leuk; the others have it when they are dressed, and evidently appreciate it heartily. But as to the baths, one may easily suppose that they are not regarded always in the light of a luxury. Often many tears have to be dried, and much resistance has to be overcome, before the little invalids are willing to submit to what seems to them so extraordinary and even so cruel a proceeding. There is one charm however, which never has failed to bring about the necessary calm—I mean the little boats and swans which are put in the water and which float by the side of the *bébés*.

“Noticing several tiny creatures in full health who appeared to be lookers on only, I asked who they were, and was told that they were brothers and sisters of the patients, who had been allowed to come as visitors, to enjoy the little armchairs, and the playthings, and I doubt not the good, nourishing soup.

“When I add that each dispensary has its *vestibule*, which is kept supplied with every kind of warm clothing, by the ladies having the oversight of that special establishment, and that the sisters are allowed to distribute the clothing at their discretion, to the children—and even to the mothers—whose needs they have so good an opportunity of knowing, I think that I have indicated with sufficient clearness the many-sided character of this work. What I cannot indicate, as I should like to do, is the manner in which the work itself is done, and the extent to which the personal element—the graciousness of individual sympathy—is visible in

every detail of the service. If ever managers and patronesses of a benevolent undertaking had a right to feel that they conscientiously might delegate the greater part of their duties to others, it would seem to be the managers and patronesses of these dispensaries, seeing that they are under the immediate charge of Sisters of Charity, many of whom are of gentle birth, and all of whom seem to me to have that *savoir-faire* in benevolence, which—whether it comes from what they call the ‘vocation’ or from the training—is of inestimable value in such work.”

Does a Two-Year-Old Baby Pay?

Does a two-year-old baby pay for itself up to the time it reaches that interesting age? Sometimes I think not. I thought so yesterday when my own baby slipped into my study and “scrubbed” the carpet and his best white dress with my bottle of ink. He was playing in the coal hod ten minutes after a clean dress was put on him, and later in the day he pasted fifty cents’ worth of postage stamps on the parlor wall and poured a dollar’s worth of the choicest “White Rose” perumery out of the window “*to see it wain*.”

Then he dug out the center of a nicely baked loaf of cake, and was found in the middle of the dining room table with the sugar bowl between his legs and most of the contents in his stomach.

He has already cost over \$100 in doctors’ bills, and I feel that I am right in attributing my few gray hairs to the misery I endured walking the floor with him at night during the first year of his life.

What has he ever done to pay me for that?

Ah! I hear his little feet pattering along out in the hall. I hear his little ripple of laughter because he has escaped from his mother and has found his way up to my study at a forbidden hour. But the door is closed. The worthless little vagabond can’t get in, and I won’t open it for him. No I won’t. I can’t be disturbed when I’m writing. He can just cry if he wants to. I won’t be bothered for—“*rat, tat, tat*,” go his dimpled knuckles on the door. I sit in silence.

“*Rat, tat, tat*.”

I sit perfectly still.

“Papa.”

No reply.

“Peeze, papa.”

Grim silence.

“Baby tum in—peeze, papa.”

He shall not come in.

"My papa."

I write on.

"Papa," says the little voice; "I lub my papa. Peeze let baby in !

I am not quite a brute, and I throw open the door. In he comes with outstretched little arms, with shining eyes, with laughing face. I catch him up into my arms, and his warm, soft little arms go around my neck, the not very clean little cheek is laid close to mine, the baby voice says sweetly—

"I lub my papa."

Does he pay?

Well, I guess he does ! He has cost me many anxious days and nights. He has cost me time and money and care and self-sacrifice. He may cost me pain and sorrow. He has cost much. But he has paid for it all, again and again and again, in whispering those three little words into my ears: "I lub papa."

Our children pay when their very first feeble little cries fill our hearts, with the mother love and the father love that ought never to fail among all earthly passions.

Do our children pay?—*J. H. D., in Detroit Free Press.*

Early Memories of Home.

EARLY impressions are easier made, and they abide longer, than those of maturer years. No matter how uneventful a man's life was in his childhood, or how intense have been the experiences of his active manhood, when the powers of his flesh are failing, and the strength of his mental faculties are brought to their final test, it is found that his freshest memories are ever of his childhood days, and not of the years of his vigorous manhood. A short time ago, the king of the Sandwich Islands lay dying, in a gorgeously furnished bed-chamber, in the Palace Hotel, San Francisco. Members of his royal household were about him. All that could make an impression for the hour tended to bring thoughts of his kingly life, and of the visits he had made to courts and palaces, or his yet unfinished journey around the world. But as his dying lips moved in faint murmurs of speech, and attentive ears were bent to catch his latest message, he was found to be speaking in the accents of his childhood's lan-

guage, now long unused by him; and his thoughts and words were of scenes on the shore of his island-home in the days of his playful boyhood.

So, always, the early impressions of home-scenes are the abiding ones, and they will come out in their pre-eminence in the later years of life, however they may seem to have been forgotten in the intervening time. Is there not comfort to you in this thought, weary and half-discouraged mother, as your restless and impatient boy seems, in spite of all your loving care of him, to be unmindful of your words or of his home?—*Sunday School Times.*

Books Received.

Comprehensive Cookery.—Hints and suggestions for those who wish to try vegetarian cookery, and directions concerning a great variety of allied topics. By Mrs. Ernest May, Teacher of Hygienic Cookery. 7½ x 5, 134 pages. F. Pitman, 21 Paternoster Row, London.

Quiz-Compend of Diseases of Children.—Founded upon translation of a similar work by Dr. Ernst Kormann. By Marcus P. Hatfield, M. D. (Professional.) 7 x 5, 182 pages. \$1. P. Blakiston, Son & Co., Philadelphia.

Our Baby.—A book for mothers and nurses, by Mrs. Langton Hewer. 7½ x 5, 132 pages. 18 pence. John Wright & Co., Bristol, Eng.

Home Made Candies.—Plain directions for making, with the ordinary conveniences of the kitchen, "many odd and delicious things," mainly original, all tried and proved by experience. By Anna M. Richardson. 8 x 5¼, 94 pages, with blank pages in back. \$1. Robert Clarke & Co., Cincinnati.

Transactions of the American Pediatric Society.—Washington and Baltimore meetings, September, 1889. J. B. Lippincott & Co., Philadelphia.

The A B C Weekly Housekeeper.—Daily memorandum expense book for 52 weeks, with useful tables, recipes, etc. Arranged to commence at any time. 7¾ x 5. One shilling. Simkin, Marshall & Co., London.

Manual of the Domestic Hygiene of the Child.—Translation from Julius Uffelmann, M.D., Rostock. Edited by Mary Putnam Jacobi, M.D. G. P. Putnam's Sons, New York and London.

Under the Nursery Lamp.—Songs about the little ones. 6 x 4, 87 pages. Anson D. F. Randolph & Co., New York.

The Story Hour.—A book for the home and the kindergarten, by Kate Douglas Wiggin and Nora A. Smith. 7¼ x 4¾, 184 pages. \$1. Houghton, Mifflin & Co., Boston and New York.

Lectures on Physiology, Hygiene, etc., for Hospital and Home Nursing.—By Charles Egerton Fitzgerald, M.D., President of the Folkestone Natural History Society. 6½ x 5, 143 pages. George Bell & Sons, London.



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

JUNE, 1891.

No. 79.

BABYHOOD is not the place, perhaps, in which to look for a dissertation upon the proper mode of carrying canes or umbrellas. Yet, since Baby's eyes are surely not less precious and necessary to him than to his parents, why should not a timely word be dropped about it in his behalf? There is no doubt that a very large number of slight accidents results from the very general carelessness in this regard. Few persons seem to think that others may be near them when an umbrella is suddenly opened in a stormy wind and into the faces of pedestrians. The editor of the London *Lancet* is evidently a keen observer of the habits of his countymen in this particular as in others, and we recognize our common parentage in the habits of which he speaks: "The point, whether of cane or umbrella, figures prominently in street accidents. It is carried or suddenly jerked behind one under an arm, and often painfully near to the person of passers by. It is heedlessly thrust in front by the arm of a rapid walker, or anon describes a circle, with some careless hand for the center. It travels swiftly up stairs at railway stations, performing an aggressive zigzag movement among the crowd of passengers. Its uncertain level threatens by turns a shin, a back or a face or a child's mouth or eye. 'Beg pardon,' readily follows if it strikes a mark; but a missing tooth is not so soon restored or a bruise reduced."

Our humorous contemporary, *Life*, indulges in the following comparison:

"At last accounts all New York's dailies still survived. It is with newspapers somewhat as with babies—the second summer is a critical time. It is also true of them, as it is said to be of humans, that those whom the gods love (sometimes) die young. Undoubtedly the fittest survive, but the fittest is not necessarily the best, since fitness relates to an en-

vironment, and the environment may be so bad that to fit it is an offense to culture, and even to decency. It is one of the drawbacks about starting newspapers that if you fail you may never be able to know whether you were too good to succeed or too bad."

The wit is good enough to let the allusion to the "second summer" go unchallenged. Perhaps it does not deserve challenge, because, the troubles of a paper in its second summer may be like those of infancy, due not to anything inherent in the structures of the creature, but to the folly of its managers. When the "silly season" sets in, papers and babies alike must suffer. In one particular, however, there certainly is a difference. Some papers grow strong through the filth with which they are besmeared, babies never do.

It would be well, both for young mothers and their infants, if nurses, relatives and other attendants could distinctly understand the difference between what the physicians call a pathological and a physiological condition, and could act accordingly. A patient is in a pathological condition when suffering from some disease, and is then a fit subject for medicine, which should be administered to check or correct the disease. A patient in a physiological condition is not suffering from disease, but from some process of nature, as child-birth for instance, in which not medicine is needed but rather environment, that is, the best conditions under which nature may work out her own problems and processes. By confusing this simple, but vital distinction grave mistakes are frequently made. New-born babes, in particular, are the helpless victims of this ignorance, which has crystallized into divers "old-wives' notions." The little one's skin is noticed to be of a yellowish color; he has the jaundice, and must be dosed immediately and liberally

with saffron tea. The gratuitous assumption is made that he has come into the world hungry, and his delicate little stomach is filled up with molasses-and-water, sweetened milk, etc., while the food that was naturally intended for him is, perhaps, drawn off with a breast-pump and thrown away. Now it should always be remembered that a new-born babe is in a strictly physiological condition. He needs no food other than that which nature has provided. His skin is always of a different color from that which it will assume later on. Dosing a new-born infant is inexcusable. It has killed thousands. The little bag which some old-time nurses used to carry about with them, full of all kinds of herbs, oils and other notions, is an abomination. Unhappily, it is not yet wholly obsolete. It will be well for humanity when we learn that the less nature is interfered with the better. A good principle in dealing with all classes of patients until the doctor comes, is embodied in the old saying: "When in doubt what to do, don't go and do it."

Since, as we have constant reason to know, the sins of the parent are visited upon their children to sometimes remote generations, it is well that we should consider the influence of alcoholic heredity in diseases of children, a subject upon which Dr. T. D. Crothers has spent much time and research. In the American *Lancet* he last year published his conclusions as to the effect of this influence upon the young, as modifying methods of feeding and treatment. We append a *résumé* of his conclusions:

Recent study of alcoholic cases shows that over seventy per cent. are directly inherited. If this is confirmed by later studies, the treatment of inebriety will, in the future, begin in infancy, and the higher science and art of medicine will win its highest triumphs along the line of prevention.

The diseases of children of alcoholic parentage are far more complex and consequently require far more care than diseases in which alcohol is not a factor. Instability of the brain and enfeeblement of the nervous system may become prominent at any moment in cases of this class. He gives the

following general principles governing treatment:

1. No form of alcohols is safe, and narcotics of all kinds should be used with great care.
2. The diet should not include meats of any kind. These act as stimulants to a brain already overstimulated and exhausted, and increase the peril of nervous disease.
3. The hygienic treatment is of the greatest importance; every means and measure that can build up the system and avoid brain and nerve stimulation is required.
4. Cases of this kind should be guarded against every possible extreme, both in the surroundings and physical conditions that are under the control of the physician.

In one of the wards of the Babies' Hospital of this city, a prematurely born infant was given a chance for life recently by placing it in a *couveruse*, which is a French name for a box that does for the wealthy infant what the incubator does for artificially hatched chicks. It is nothing more or less than a closed box with contrivances for supplying heat and ventilation and the careful regulation of the same. In the case referred, to the *couveruse* was brought into play too late, and the experiment was not a success. The child, in addition to being handicapped by premature birth, suffered the loss of its mother at the same time, and it was four weeks later than this that the infant came under hospital charge. The *couveruse* is, however, very successfully used in suitable cases, and is an admirable contrivance for the purpose.

"The conflicting advice of friends" is an ever-present perquisite to the happy possessor of a baby, if we may judge by letters sent to BABYHOOD. A word of advice to all who endure this affliction may be timely: Either follow the advice of your physician and disregard that of all irresponsible bystanders (better yet, do not allow them to offer it), or else dismiss the physician and employ one whom you may trust. Nothing is easier than to give advice when there is no personal responsibility attached to the consequences of its being followed. Is it not singular that persons who will hesitate to advise their friends as to the selection of a piece of furniture will not hesitate to thrust upon them unsolicited advice concerning their babies?



PRACTICAL DIRECTIONS FOR STERILIZING MILK.

BY WALTER MENDELSON, M.D., NEW YORK CITY.

IT is probably not too much to say that the process known as sterilizing milk has done more toward lessening infant mortality and illness than any other invention of the past fifty years. The principles upon which the process is based are extremely simple, and capable of comprehension by almost anyone, and it is with the object of still further spreading a knowledge of this beneficial invention that this article is written.

It is not enough to know how to do a thing; to do anything well, we must also know why we do it. Consequently, I shall speak first of the theoretical side of sterilization, and then proceed to the practical. After having a clear idea of the object, it is very much easier to pursue the means.

Through laborious experimentation and careful observation, it has been shown that those processes which we call decay, putrefaction and fermentation are the results of the growth, in the decomposing matter, of myriads of lowly plants. These "germs," variously called microbes, bacteria, bacilli, micrococci, etc., though so small as to be wholly invisible to the naked eye, can plainly be seen with a microscope. All the diseases of man and of animals which are termed infectious are due to the growth in the body of different species of these plants. Thus, consumption is produced by the tuberculous bacillus, typhoid fever by the typhoid bacillus, and so on.

The "spoilage" of milk—the souring, curdling, etc., that occurs when milk is left to itself in a warm place—is due to changes set up in the milk by this class of plants, which from their minuteness are being constantly wafted about by the air, and hence are

present almost everywhere. Investigations have also shown—and this is the important fact to remember in this connection—that the various dyspeptic and diarrheal diseases, so prevalent in bottle-fed babies, are also produced by similar organisms, which though they may lack the power to cause perceptible changes in the milk itself, are nevertheless capable of causing disease in a child; so that a milk, to all appearances sweet and wholesome, may still be the means of causing a fatal illness in a baby.

Keeping these few simple facts in mind, it is evident what an important a matter it is to free the milk to be used for infants' food from every kind of noxious germ that it may contain. From their being so universally distributed throughout the air, it is practically impossible to prevent germs from getting into the milk, so that it is necessary to use a method which, by killing the germs after they are in the milk, shall render them harmless. No chemical means is effective for foods, as any chemical, strong enough to kill the germs, would render food unfit for consumption, but in heat we have an agency which, while it kills all living matter subjected to it, leaves the milk practically unchanged.

None of these disease germs can outlive a prolonged application of the heat of boiling water. Hence if the milk be kept at this temperature for three-quarters of an hour to one hour, all the bacteria which it may have contained will have been killed, and being thus incapable of reproduction, may be said to be sterile. Long before sterilized milk was thought of, it had been customary to boil in the summer time milk intended for children. It was known that this tended to

preserve the milk, and was supposed to make it also, in some way, more digestible. But it was not until scientists had shown that disease germs may be harbored in apparently wholesome milk, that the full significance of this old practice was understood, and the great impetus to the sterilization of milk given.

The object which we have before us in the sterilization of milk, then, is: *To not only destroy all the germs which the milk may contain—be they simply milk-changers, or be they disease-producers—but to prevent, as well, the entrance of any fresh germs before the milk is used for food.* The object having now, as I hope, been made perfectly plain, let us inquire into the practical means for attaining it. And first we will consider the food itself.

Precautions.

The milk (or mixture of milk, water, cream and sugar suitable to the age of the child) should be prepared as early in the morning as possible, before the heat of the day has caused the bacteria to multiply. Enough should be made up for the whole twenty-four hours, by multiplying the amount to be used in each bottle by the number of bottles needed. In making the mixture use a pitcher previously cleaned with hot water and soda, and by *plenty of rubbing*. Simple rinsing is not enough; so let the pitcher be sufficiently large to easily admit the whole hand. Scrupulous cleanliness must be insisted on at every step. It is the indispensable element of success, for bacteria flourish in dirt.

Bottles.

The bottles should be the plain, old-fashioned kind, without shoulders, and with a flat bottom so that they may be stood upright. There is much complaint of the bottles cracking. To avoid this, heat the sterilizer rather slowly at first, and when the bottles are taken out do not put them upon a cold marble washstand, or in the draught of a window-sill, but place them, rather, upon a wooden table to cool gradually. Bottles will last longer if annealed, which may be done by placing them in a large pan of cold water

and gradually heating this to the boiling point, and as gradually allowing it to cool again. They should be of such a size that when filled with the quantity needed, there will be at least two inches of space between the surface of the milk and the lower end of the stopper, so as to prevent the latter being wet with milk.

Too much attention cannot be bestowed upon the care and cleaning of the bottles and nipples. New bottles should be thoroughly scoured with a hot solution of washing-soda and a bottle-brush. If, by chance, milk has soured in a bottle it should be well boiled in soda, then thoroughly rinsed, and set aside for several hours, filled with hot water to which a teaspoonful of borax has been added. When the child has finished nursing, the bottle should not be allowed to stand about with the remaining milk in it, but should at once be emptied, rinsed with hot water, and left filled with borax water till the time for final cleaning.

It is often quite difficult to thoroughly clean a bottle, especially of the greasy rim that forms at the level of the milk. After trying many things, I have found that "Pearline" gives the best results. Use it with hot water and a bottle-brush. Fine specks, consisting probably of some crystalline compound of the milk sugar, are often found adhering with great tenacity to the inside of the bottle. Those that still remain after using the brush may safely be left. After cleaning, and thoroughly rinsing in fresh water, the empty bottles should be put on some shelf, out of the way of being splashed or soiled in any way. It is not necessary to keep them filled with water. In filling the bottles, always use a funnel—by preference a glass one—with a stem an inch and a half or two inches long. In this way you prevent the inside of the neck, the top, and the outside of the bottle from being wet with milk which might, later, prove a path along which germs from without might travel downward into the milk. Should the bottle, after all, have become wet with milk, let a few drops of water run down the inside of the neck and over the top, to wash away that which may have lodged there. Never use the

same bottle for more than one feeding. This is a cardinal rule, and I have known all the good effects of sterilizing to be done away with, and a child become very ill, from its having been disobeyed.

Stoppers.

The best stopper consists of a plug made of ordinary cotton batting (not necessarily absorbent cotton), folded into a pretty firm wad and pushed down for half an inch or more into the neck of the bottle. Make sure that there is no milk about the mouth of the bottle when the plug is put in, and that the stopper is not wet with milk from shaking the bottle before being put into the sterilizer. The advantages of cotton stoppers are: that they are clean—being always used new—that they are cheap, and that they save labor by requiring no washing, as rubber ones do. When the bottle is in the sterilizer they allow the heated vapors to escape, and when it is cooled again, the outside air re-enters filtered of all germs by the cotton it has had to pass through. Rubber stoppers, with a hole for a glass plug, are not readily cleaned. Those with a notch in the side, as in Seibert's apparatus, are better. Only when bottles have to be kept a long time, as for sea voyages, are rubber stoppers to be preferred to cotton ones. The cotton stopper must not be removed until the bottle is wanted for nursing, and it should then be withdrawn with a twisting motion that will carry all the fibers with it.

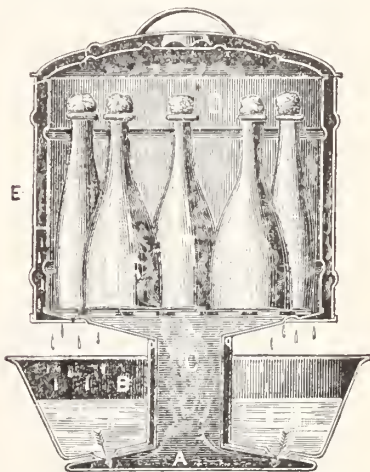
Nipples.

The plain conical, pure gum nipple, that has no constrictions in it, and can be easily turned inside out for cleaning, is the best. Nipples should be scrubbed clean like the bottles, and when not in use, kept in a glass of water, to which a teaspoonful of borax has been added.

The Sterilizer.

Any apparatus may be used that will answer the purpose of keeping the milk at the temperature of boiling water for about an hour. Bottles may be put into a cooking-pot partly filled with water and covered, and set on the range to boil. But as the process of

sterilizing has to be done daily for many months, it is more economical of time, temper, labor and material to use a special apparatus. By far the best that has come under my observation, and the one that I therefore recommend above all others, is the Arnold Steam Sterilizer. By this ingenious apparatus, which is self-regulating, the bottles are all equally and equably heated, and they can be kept at a temperature of live steam, 212 degrees Fahr., for an indefinite period with a minimum amount of attention.



The Arnold sterilizer is so constructed that the water from a reservoir, *B*, drips continually through three small openings (marked by arrows in the cut) upon a copper bottom, *A*. Here steam is quickly generated in large volumes, and passing upward through a wide tube *C*, enters the sterilizing chamber *D*, in which the bottles have previously been placed. This chamber, in addition to having a cover, is surrounded by a hood *E*, which both prevents the chamber from cooling by radiation, and, at the same time, returns to the water reservoir the steam which condenses within it. Thus the action is automatic and continuous, and if the reservoir has been filled with sufficient water in the beginning no attention need be paid to the sterilizer until the time for removing the bottles. An attractive feature of this apparatus consists in the fact that it can be used with a small gas, oil or alcohol stove, when a range is not

available. And this is a great advantage, for when milk has to be prepared in a country boarding-house or hotel, it can be easily sterilized in the living or bedroom, and thus a prolific source of trouble between the nurse and the cook is avoided.

An oil stove (a single wick is sufficient) is preferable to gas or alcohol. It is less dangerous (provided good oil be used), less expensive, less hot, and vitiates the air least. Trim the wick, and keep the stove clean, and it will not smell.

Use and Care of the Sterilizer.

Fill the reservoir about two-thirds full of hot or cold water, place the bottles*—as many as are wanted for the next twenty-four hours—in the sterilizing chamber, and after putting on the cover and hood, place the sterilizer on the fire. In a few minutes a boiling noise will be heard. Let it boil gently for about ten minutes, to prevent the bottles cracking; after which *brisk* boiling should be maintained for an hour at least. It is better to boil for a full hour, for while milk cannot be over-sterilized, it may be, and often is, under-sterilized. At the end of an hour, remove the bottles *at once*. Do not let them cool in the sterilizer, or the cotton stoppers will then become wet and soggy. The sterilizer also will be apt to rust. Pour the remaining water out of the sterilizer, wipe it out with a clean cloth, tip it on its edge, and let it get thoroughly dry. Put the bottles in some shaded place where they will be out of the way. Do not put them in the refrigerator. It is not necessary for keeping the milk, while the cold is apt to cause the bottles to crack.

To Prepare Milk for Traveling.

When it is desired to prepare milk that will be sure to keep at least a week or two—as for an ocean voyage—the same lot of bottles must be sterilized at least twice, or even three times, in succession for an hour each time, allowing them to thoroughly cool for about three hours between each sterilization. In this way, any spores (seeds) that may have withstood the first boiling will have had time to develop,

and will then be killed by the subsequent applications of heat. Rubber stoppers, previously boiled, should be used in these bottles.

For an ordinary day's trip with a baby, the sterilizer may be utilized as follows: Make arrangements, if possible, so that the sterilizing will be finished a short time before starting on the journey. Thoroughly dry the sterilizer, and then, with a roll or two of the batting used for stoppers, pack into it the still hot bottles. Put on the cover and hood, and place around it a shawl strap, in such a way that the sterilizer can be carried upright. Bottles thus packed in plenty of cotton will remain warm for many hours, and can easily be gotten at when needed.

Importance of Care and Patience.

In the directions just laid down, there will be much that may seem trite and self-evident, but I have thought it best—even at the risk of appearing tedious—to omit nothing of that detail, which, though seemingly trivial, will, if omitted, mean the difference between success and failure. To some of my readers it may appear as though the process involved much trouble. But this is more seeming than real, for if the work be systematized, it soon becomes a matter of routine, in which each part has its appropriate place, and hence nothing is easily overlooked. Let these directions be followed with care and thought, and after a few failures, perhaps (in which the milk will be found curdled or sour at the end of the day), success will be the rule, failure the rare exception. All the directions here laid down are the result of a daily experience extending over a long time, and should not be departed from. Beware, especially, of adopting methods which seem to involve less trouble and time. You will find that in the end they involve more of both. Every now and then I come across women who say that while others may be successful, they cannot make it work. They are apt to add that it is all very well in theory, but it won't work in practice. But the reason why their practice fails is because they have not comprehended the theory, and

* The sterilizers may now be had with a rack to hold the bottles, but these, being punched with round holes, are not applicable where the usual oval bottle is used.

are, therefore, unable to conform to the conditions which it imposes. Sometimes a mother will say that the sterilized milk, though perfectly sweet, does not agree with the baby, and she will not unnaturally think this due to the sterilization. In these cases it is the composition of the mixture that is at fault, and not the fact that the milk has been sterilized. The fault is usually found to be either in the mixture's not being sufficiently dilute, or in the fact that not enough cream has been added, or that it is slightly acid.

Although outside the scope of this article, it may not be out of place to say that a mixture composed of one tablespoonful of milk, two of cream, and three of water, with a teaspoonful of sugar of milk, makes the basis for a food approximating in composition the

milk of the mother. To this a tablespoonful of lime water may be added just before the baby is fed. As the child grows older, the relative proportions of the milk should be increased, and those of the water diminished. It should always be borne in mind, that in adding cream to the child's food we do so, not to make the milk "rich," but simply to bring it, as near as possible, up to the normal composition of human milk.

The sterilization of milk has, as already intimated, marked a tremendous progress in the prevention of disease among children; it behooves everyone, therefore, who undertakes to carry out the process, to do it in so careful and conscientious a manner, that no failure will occur to bring a valuable method into disrepute.



PHIMOSIS.

BY DR. JOSEPH B. BISSELL.

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SO much confusion exists in the minds of mothers about phimosis that it is best to define the condition known by that name. It consists of an elongation of the foreskin, or prepuce, together with a narrowing of its orifice. This narrowing may be only slight, or exist to such a degree as to obstruct the passage of urine. Elongation is not phimosis, and phimosis may be present with very little redundancy of the prepuce. The orifice of the prepuce is not to be confused with the orifice of the urethra: this latter is in the urinary organ itself while the former is in the sheath of skin which covers it. In phimosis this sheath or foreskin cannot be retracted behind the head of the organ because of the narrow opening. In addition there may be

attachments between the under surface of the prepuce and this head or *glans* as it is called in medical terms. This is also an abnormal condition which is a frequent complication of a redundant foreskin with or without phimosis.

The normal condition of the parts is a varying one. The foreskin may leave the acorn shaped head or *glans* completely uncovered and free, or it may cover it and be slightly redundant, in addition, but in the latter case it should permit of complete and easy retraction behind the *glans*. Other medical authorities claim that to be normal the *glans* must be partially or wholly uncovered. Medical men are not entirely agreed upon this matter.

It is a general rule that the younger the

infant the longer the prepuce; as the child grows the disproportion between the organ and its sheath becomes less and less.

Phimosis shows itself in several ways. If the opening of the prepuce is very small indeed, there is difficulty and distress in urinating. This may be so great as to cause the baby to cry out when the urine passes, and this may first attract the attention of the mother to the baby's condition. At the time of urinating the foreskin is distended and ballooned by the pressure of the urine which has escaped from the water pipe, but is held back by the narrow preputial orifice.

Redness and swelling of this orifice as well as of the urethra behind it are often present. Inability to properly cleanse these parts allows the normal secretions to decompose, become acrid and irritating, and even to cause superficial ulcers; so tender and painful may the parts be from this cause that the pressure of the clothing alone is enough to cause pain. This irritation and irritability may lead to frequent urination, and as time goes on may even be the cause of temporary loss of control of the bladder, and more or less constant dribbling of urine. Bladder weakness may come on very gradually; at first only at night, but soon in the day time as well, and it may result in a very troublesome and tedious bladder irritability, which it may take protracted medical treatment to overcome.

A difficulty likely to result from phimosis is an irritation of the urinary organ itself, leading to a more or less constant state of swelling, fullness and hardness which may become a serious disease, known to physicians as priapism; besides, there are various symptoms referred to the nervous system in other portions of the body, called "reflex" symptoms which may occasionally be due to the phimosis. It is not to be understood that all of these symptoms are necessarily or even generally present in every case of phimosis, merely that such may occur.

Treatment.

For simple redundancy of the foreskin where it is easily retracted to the proper extent no operation is needed. The best

treatment is cleanliness. The prepuce and the part it covers should be kept as clean as the skin over the rest of the body.

Both surfaces should be washed in the daily bath, and as the child grows the foreskin should be left retracted behind the glans from time to time, thus teaching it, as it were, to remain well retracted, and in this way help nature in the evolution of the parts. If it cannot be properly retracted because of adhesions, then a little gentle force can be used daily to try and separate these adhesions and thus slowly and by degrees retract the foreskin to its proper location.

If after a few weeks this does not succeed it is better to consult a surgeon. Anæsthetics may be necessary before these adhesions can be perfectly separated, so firm does the attachment between the tissues sometimes become.

Where the orifice of the prepuce is so narrow as to obstruct the flow of urine, or where it will not permit retraction, or is so tight that although the prepuce can be retracted yet the tissues are constricted and pinched, surgical treatment is necessary. If the foreskin is not too long, a simple and sufficient method is to cut through the ring of the orifice and up a varying distance above it in the tissues of the prepuce, thus freeing the constriction. The elongation and the angles left after this cut are slowly absorbed and smoothed off as the boy grows up. At the age of puberty little difference is noticed between a foreskin which has been treated in this way and a similar foreskin treated by circumcising. If, however, the foreskin is quite long the operation had better be a simple circumcision.

Circumcision is sometimes necessary in boys, usually two years of age or over, where although the foreskin is easily retractable and there are no adhesions, there are still present symptoms of bladder or urethral trouble which cannot be accounted for in any other way than as brought about or at least kept up by the irritation of a redundant foreskin. In such cases circumcision is definitely indicated. In the conditions mentioned above as "reflex," if other means fail or the trouble

can be traced to the phimosis or redundant foreskin, circumcision is certainly called for.

Where there is a tendency to hernia, or to prolapse of the rectum, or if either of these troubles are present the straining in the act of urination necessitated by a tight or narrow preputial orifice may very likely produce or aggravate the hernia or prolapse. Sometimes a foreskin with a narrow opening is pulled back behind the glans and it is impossible to get it forward again. This condition is known to surgeons as para-phimosis. This may have been caused by the child itself or by the nurse in bathing the parts. The longer it remains this way the greater the swelling and the greater the difficulty in getting it back. This accident may be a very serious one if not attended to properly at once. After two or three gentle trials to get it forward again it is better to send for a surgeon to relieve it.

As to the best age to perform this operation, it may be said that unless some of the irritating, painful, or dangerous symptoms

are present there is no hurry. It is better to wait a while and see what nature, with a little assistance, can do. If the orifice of the prepuce is so small as to cause considerable straining in order to urinate, this orifice had better be slit at once; there is little to be gained by waiting. If the child's general health is good either operation can be performed at any time when in the surgeon's judgment it is necessary. Each case must be considered by itself, and with regard to the special conditions surrounding it, and the special necessities of that particular little patient. It is better in any case where there is the least doubt about the baby's condition to get the opinion, at least, of a competent surgeon. But mothers may be relieved from a great deal of unnecessary anxiety if they bear in mind that a certain degree of phimosis usually exists at birth, and that in the great majority of cases no interference beyond the toilet attention is ever needed. What has been said above relates to cases where something more is called for.



HEREDITARY PHYSICAL TRAITS AND HOW TO MEET THEM IN TRAINING CHILDREN.—II.

BY WM. E. LEONARD, A.B., M.D.,

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Diseased Inheritances.

THIS is confessedly a very difficult portion of our topic. When the unfortunate, with a diseased inheritance, has once come into the world the physician is the one upon whom the mother must chiefly rely; yet some hints that will greatly assist his efforts will be here outlined. Too many babies are

like those patients mentioned by Dr. Oliver Wendell Holmes, of whom he says: "The doctor should have been sent for two hundred years ago." For those little ones not too severely handicapped in the race of life much can be accomplished by careful forethought and education, both physical and mental.

What Diseases are Hereditary.

Every physician will give somewhat the following list as among the most common :

"Goitre and cretinism (a form of idiocy), leprosy, gout, scrofula, tuberculosis, cancer, rheumatism, scaly cutaneous (skin) affections, and the neuroses (the nervous diseases, as physicians term them), viz: epilepsy, insanity, chorea (St. Vitus dance), hysteria and asthma. Heredity is less frequent, but undoubtedly operative, in organic disease of the heart, diabetes, etc. Of these, leprosy, gout and cancer are never congenital (recognized at birth), and sometimes absent until old age. Strictly, the predisposition, not the disease itself, is hereditary, and the subject may die of some acute disease before heredity has time to declare itself.*

Relations to the Physician.

The parents who are cognizant of any of the above traits, in justice to themselves as well as their offspring, should be honest with themselves in the very beginning and make a capable physician their father confessor from the beginning of their married life. Choose one who is likely to spend his life near you, and tell him all there is to tell of your parents and ancestors, their mistakes and your necessary inheritance therefrom. Then when the children come he can be doubly useful to them because of this knowledge. A false modesty, mawkish sentiment, or social considerations, should not weigh when dealing with a conscientious physician. Remember that even the law cannot force from him the knowledge he obtains in the course of his professional work, nor will it be for his best interest—indeed, it will work the ruin of his practice—not to keep inviolate such confidences.

As soon as the wife is confident that a new life has begun within her, even though she feels no necessity from her own physical ailments, she should frequently consult her physician in order that he may aid her by advice as to diet and hygiene, and perhaps by occasional medicines. The physician, more than any other person—not even kindly relatives, friends and neighbors, although of great age and experience—should be her guide in all these matters, and his directions implicitly obeyed. This is true at all times, but especially true when the fam-

ily history is an unfortunate one, physically speaking.

Consumptive Tendencies.

When the inheritance is that most common one, "weak lungs," care must be taken from the very beginning of life. Let such a baby be placed in the very best surroundings for plenty of fresh air and sunlight—as frequently detailed in the columns of *BABYHOOD*. (See March number on the "Ideal Nursery.") Much pains must be taken to preserve the animal heat of the child, if necessary by cotton-batting and no clothes for a few hours, as the physician would order for one prematurely born. Light flannels should enclose its limbs and a knitted band cover its abdomen—continued even through its second summer and after it is running about the house.

Always maintain in the child's rooms an even temperature, and avoid subjecting it to extremes of heat and cold. This may seem only plain common sense and very trite, but is especially applicable to such a child. The mother should remember that in any infant the lung tissues and the lining of the air passages are sensitive, and that this is doubly true of one whose parents or grandparents have succumbed to lung disease. This baby should not on this account be kept from the outside air, but the preparation for such an airing must be made a little more carefully. Do not then burden it with extra flannels next to the body, but rather put on a flannel sack under the cloak or outer coat. See that his limbs are well covered with woolen stockings or leggings, or both, and never let him remain "wet" in a temperature lower than he is accustomed to.

It is a cruel mistake to attempt to protect the chest of such children with chamois skin or other impervious jackets. These only weaken the parts you desire to strengthen. If you anticipate unusual exposure, as is often unavoidable in the changes of travel, a silk handkerchief of ample size, folded around the chest, is the very best protection.

A means of inuring the lungs to good resistance, just as applicable to infants as adults, with proper care, is that of completing the full bath by brisk friction of the chest

* Article "Heredity" in *Ref. Handbook of Med. Sciences*. Vol. III, page 615.

and trunk with a towel dipped in water somewhat cooler than that of the bath. But be sure to have a higher temperature than usual in the bath-room and wrap the baby up in warm blankets for its bottle or a nap, or both, immediately after this passive exercise.

The frequent tendency of such children to catarrhs of the head and throat should be promptly met by the careful medication of the physician. Always anticipate the first signs of "a cold"—not necessarily each sneeze—by such simple means as your family counselor suggests. Eternal vigilance is the price of health, and nowhere more than in the early months of such a baby. Do not be lulled into indifference by the apparent good flesh and strength of the child in its first months, for in spite of its general good condition, the weak points of its inheritance (in this instance the lungs) will probably be the very ones aimed at by incipient diseases.

As this baby advances in childhood, walk out with him each warm, clear morning, and give him a brief lesson in filling his lungs. Teach him to slowly inhale until the lungs are full, then as slowly exhale, walking briskly all the while and having some other topic of observation or conversation as the apparent main object of the walk. In this way he will learn to breathe properly, almost unconsciously, until, later in life, his capacity to walk, run, row, etc., is fully and safely perfect.

This training should not be one-sided, that is, applicable to the lungs only, but should be especially insisted on as part of his harmonious growth. Let it be pursued with moderation, lest from overstrain he break down, as have many college athletes from exposure after undue exercise.

This Training Applied to Other Inheritances.

The application of these principles to those with consumptive tendencies is more obvious than for some others of the list given at the beginning of this article. Yet the same outline will apply to asthma or heart disease as a possible inheritance, and the training

should begin as soon as the little one can walk well and understand the above directions.

The mother's common sense, supplemented by the physician's knowledge, will make a similar policy of overcoming any weakness of organs existing in infants known to inherit weak eyes, delicate stomachs, feeble kidneys, etc. Don't let any false notions about appearances keep you from having weak eyes examined in early childhood by a competent oculist, and, if he thinks best, glasses prescribed. By the early use of glasses many eyes can be so strengthened as to make them entirely serviceable without that artificial aid later in life. And at no time in life are spectacles any disgrace to the wearer, so many and varied are the demands of modern civilization upon the delicate sense of sight.

Let parents watch over the manner in which such children do their reading both day and night. See that they do not read in too glaring a light, or facing the light. If thought necessary, furnish them with large pasteboard shades, such as engravers use, when they read by lamp or gas light. Go to their school and see that they are favored there with the proper arrangement of light.

Weak Digestion.

All that was said in my former article about care in feeding infants applies with double force to those known to have an inheritance even dimly pointing toward cancer or ulcer of the stomach, chronic dyspepsia, etc. Vigilance in these matters should begin from birth, and the best obtainable knowledge upon the diet persistently made use of.

The most common error consists in supposing that a young child's diet should be as varied as that of an adult. Milk, the grains, or, as physicians say, farinaceous foods, *i. e.*: barley, oatmeal, rice, farina and other preparations of wheat and corn, the latter including cerealine, finer hominy, etc., should be the chief articles of food.

Eggs should be used sparingly, and meat, except in the form of broths or soups, seldom if ever until the second teeth are well ad-

vanced. This means that a child should not eat as its elders until it is seven or even ten years old, and may seem an extreme of theory. But the results of such care show in the vigor of such children and in their freedom from all forms of indigestion, all the various infantile intestinal parasites (worms) that subsist mainly upon hearty flesh food, and, I believe, the utter annihilation of inherited predisposition to the more serious stomach troubles mentioned above.

The foods just outlined as proper for growing children contain all that they need to build up their various tissues, viz.: muscles, nerves and brain. Fruit acids and the vegetables are needed also in moderation as side-dishes, to whet the appetite—often unnecessary in growing children—and principally to afford the waste that the system requires for proper evacuation of the intestines. But, again I repeat, meats, or a frequent diet of flesh, only serve to overtax the digestion, and weaken the powers of bodily resistance to disease.

Nervous Inheritances.

In tendencies to St. Vitus dance, epilepsy, tuberculosis and other brain troubles, and insanity, careful diet is just as important as in any class mentioned. Even more than others does such a child need a strict diet of nourishing, easily digested food. But this must be supplemented by the utmost pains to avoid brain forcing and nervous excitement. The earliest efforts of such a child to talk, look at pictures, read, etc., should be voluntary and never encouraged. Nervous children are always bright and need constant repression. Let physical exercise, out of doors if possible, take the place of mental, until the body more than equals the mind in vigor. Put them into school as late as ten years, if necessary, rather than subject them to mental strain too early. Let them grow up quite innocent of letters, if only their food and sleep is gotten regularly and in sufficient quantity. Keep them from the excitement of too much play

with stronger and hardier children. Let them be in the nursery or quietly at home under your own eye, and do not let them see, even in infancy, too many visitors or strangers. The mental strain of a strange face or a person new in touch and manner is far greater to an infant, and especially one with these tendencies, than to an adult. Nervous children should never be encouraged to laugh heartily while still infants in arms, or, above all things, tickled or handled too much, as fathers are very apt to do in "bouncing the baby."

Moreover, complaints that would be trifling in other babies or children mean much for them and demand immediate attention; for instance, continued sleeplessness, without some evident error in diet or undue excitement, persistent peevishness, especially if accompanied with loss of appetite and weakness, repeated vomiting, scanty or unfrequent urination, persistent constipation, etc. If the mother cannot correct these things by tact in diet and management she should immediately confer with her physician, choosing one that will give the matter due consideration and not pooh-pooh her anxiety as uncalled for, as many a busy practitioner may do unless pushed into giving proper attention.

It would be far from my purpose if these cautions led the readers of *BABYHOOD* into being entirely too careful of their healthy children, so much so as to worry those about them and make the fathers and the physician deaf to the cry of "Wolf, Wolf!" when the wolf actually came. It is enough, if the mothers of those bits of humanity whose ancestry have transgressed nature's laws, learn to use forethought and good sense in forestalling the inevitable course of those laws. To be a good mother, in the best sense, to any child is no easy task, and is doubly hard for the mother of the little one with bad inheritance.

Some hints upon mental and moral training will be given in my next article.



ONE WAY OF MAKING THE SUMMER USEFUL TO OUR CHILDREN.

BY MARGARET ANDREWS ALLEN.

THE majority of children are interested in natural history, but in the summer boarding house, or even in the home, there are often many obstacles to a large or varied collection, either for want of room or for want of opportunity to make such a collection. The dozen or more little insects or butterflies, carefully trans-fixed by pins and placed on corks, lose the greater part of their interest as soon as all the work which the child can perform with them is finished. They are dead for him in more senses than one. And this is one reason it seems to me, why children's collections are so often neglected and serve so imperfectly the purpose for which they were intended.

But there is another department of natural history, fully as well suited to a child and even more practicable, and that is the study of some small creature that may come within his domain, as it lives; not only observing its outward appearance, but studying its habits and plans, its thoughts, so to speak, and its loves and hates. "I once had a toad for a friend," said Dr. C. C. Abbott, in a recent lecture on animal intelligence. That one sentence holds a world of instruction. It is only when we come into sympathetic relations with anything great or small that we get the true good from it. Encourage your child to adopt some little familiar creature of the woods or fields, or even of the door-yard, as a friend. Suppose an ant and its hill should be his choice, aided by Miss Mary Treat's admirable little work on ants, you can guide his study. (It is published by Harper Brothers in a small paper-covered, twenty-five cent edition, excellent for a pocket companion). Do not make this too much of a study however. It should teach a friendly intelligent interest in the affairs of his little neighbor. He can learn by observation what the ant's plans are for each day and how he carries them out. He can learn what the ant likes and what he rejects; what means he uses to secure his food and what to reject things offensive to him. He can strew round the nest small bits of bread or sugar or fruit to test the ant's likes or dislikes. He can watch their treatment of each other, their do-

mestic relations, loves and hates, and if disaster overtakes them, he can study their plans to overcome it and retrieve their fortunes. There is scarcely a child with proper direction, or we might say inspiration, from some older person to whom such a study of animals as beings akin to themselves would not prove fascinating. I remember well the delights of even unassisted study of this kind in my childhood. Being a delicate child, I was unable to mingle in the more boisterous plays of my companions, and therefore sought for my friendships among animals who would yield to my moods and not weary me. The habits of observation thus gained have been of infinite satisfaction and advantage to me through my life. Many a summer day in my childhood I have sat, thoroughly content, in my little chair under the old English lindens of my New England home—with my apron full of the tiny, green measuring worms that so constantly spin down from those trees. I watched their turns and twists, their plans for surmounting the wrinkles of my apron, or for swinging to the ground on their long silken threads. I spent many and many a long summer day in their companionship, till to me they had nearly all the human attributes, and to kill one would have been akin to murder. To this day, when I see them on the sidewalk, I lift them carefully and put them in a place of safety.

The habits of bees, wasps and spiders are very easy to observe and full of interest. In directing this the parents could be helped by Sir John Lubbock's, "Ants, Bees and Wasps," published by D. Appleton & Co., but the book is rather too scientific to be of use to the unaided child, though a valuable guide to an older person, and very fertile in suggestions. It is a record of observations on the habits of the Social Hymenoptera. In his preface he tells us that he here records "the various experiments made with ants, bees and wasps for the past ten years," "not so much to describe the usual habits of those insects, as to test their mental conditions and power of sense"—thus viewing them as intelligent beings. He speaks of ants as more convenient for experi-

mental purposes than bees, having "more power and flexibility of mind, far calmer and less excitable."

The toad is another animal well suited to children's study, now that the once popular superstition in regard to its being poisonous and producing warts, is exploded. In Richard Jeffries' "Wood-Magic," (published by Cassell), the old toad is the first of Sir Bevis's friends, and amazes Bevis by his wise ideas, which have grown out of the meditations of ages. In all the books by Richard Jeffries, "The Game-keeper at Home" and "Round About a Great Estate" (published by Roberts Bros.), there is much that would interest a child, if judiciously selected by some elder person; but "Wood-Magic" is the only real juvenile written by him, and by the aid of a kind of wonderful knowledge possessed by Sir Bevis, of the language of all the small creatures of the wood, the book teaches in a most fascinating way much of their lives and surroundings. In all these books there is a sympathy with all living creatures that it is well to inspire in us all. Much of the so-called cruelty is simply the result of ignorance, and an intelligent interest in the animal world is the best weapon with which to combat it. When a child thinks of the small creatures as akin to himself in feelings and intelligence, he will be much less likely to use his brutal stick or stone or sling-shot. What "Black Beauty" is doing for the horse, the study of the smaller animal life will do for our little friends of the woods and fields.

Since in some places, remote from the larger cities, it is often hard to ascertain what books will be useful on certain subjects, I will add a list of several besides those already mentioned, which would aid in the study of the smaller animals.

Sea-side and Way-side. By Julia McNair Wright. Three volumes, profusely illustrated. The first volume especially adapted to quite young children. First volume, 25 cents; second,

35 cents; third, 45 cents. D. C. Heath & Co., Boston.

Young Folks' Pictures and Stories of Animals. By Mrs. Sanborn Tenney. In two volumes, profusely illustrated. Price, \$1 each. First volume contains birds, butterflies and other insects, sea and river shells. Second volume contains quadrupeds, fishes and reptiles, sea-urchins, star-fish and corals. It is also published in six smaller volumes, each 35 cents. Lee & Shepard, Boston.

Among the Moths and Butterflies. By Julia P. Ballard. Geo. P. Putnam's Sons, New York. Price, \$1.50.

Homes Without Hands. By Rev. J. G. Wood. Many illustrations and minute descriptions of animals' homes and habits, interspersed with anecdotes. Price, \$3. Harper & Bros., New York.

Nature's Teachings. By Rev. J. G. Wood; or, Human Inventions Anticipated by Nature. Many illustrations. Useful for an older person to use with a child; or for a thoughtful child who loves to investigate for himself. Roberts Bros., Boston. Price, \$2.50.

First Book of Zoology. By Edward S. Morse. Simple and plain descriptions of the common objects of the fields or shore, with clear illustrations. D. Appleton & Co., New York. Price, \$1.00.

Miss Mary E. Bamford's Books. Illustrated.

My Land and Water Friends . . . \$1.25

The Look About Club 1.25

Second Year of the Look About Club 1.25

Up and Down the Brooks 75

D. Lothrop Co., Boston.

First Lesson in Natural History. By Mrs. Agassiz. An interesting account of the growth of corals. Also the life of star-fish, sea-urchins, jelly-fish; &c. Little, Brown & Co., New York. Price, 75 cents.



THE BABY IN THE COUNTRY.

BY ISABEL R. WALLACH.

NOT the country baby—for during hot weather this happy little mortal is at home and consequently supremely comfortable—but the city baby who is carried in the summer to the mountains or to the sea-shore in search of purer air and less stifling nights—for his sake the following suggestions are offered to his parents, in the knowledge that their adoption will relieve him of many discomforts hitherto supposed to be inevitably attendant upon a temporary residence out of town.

In every summer hotel at one time or another, one is sure to hear the highly original remark: "What a nuisance that baby is!" Poor little soul! To whom can he be a greater nuisance than to his own pitiful, suffering little self? But the happy baby is never a nuisance, and even the most peevish woman or the most churlish man is involuntarily drawn toward the laughing, crowing morsel of humanity who, totally regardless of the sacredness of personal rights, deliberately explores the mystery that surrounds the stranger's glittering shoe-buckles, his very fearlessness chasing away the frowns that darkened the brow, and causing the grim mouth to relax into an unfamiliar but indubitable smile.

But happiness is a baby's natural characteristic, and it is only when he is uncomfortable and is trying to make his troubles known, that he frets and becomes a "nuisance" to his neighbors. These latter have, however, come to the country in search of rest, and are hardly to be blamed if occasionally they complain of the crying baby in the next room.

Hence it is that not alone for Baby's own self, but also because it is due to those who chance to be sheltered beneath the same roof, it is the mother's duty to see that the sudden change in the little one's mode of life brings with it no undue interference with his diet, his hours of sleep, his daily bath, his outings, or the comfort of simply fashioned garments. These are the price of Baby's health, and therefore of his happiness, and whatever tends to conflict with any one of them must be prevented, and when this is impossible, by some means entirely overcome. This, however, can only be done by the exercise of forethought and good judgment.

At the seaside hotel, in consideration of a

moderate weekly fee, one will find a porter quite willing to carry daily to Baby's room one or two pailfuls of fresh sea water. The child will be greatly benefited by so invigorating a bath, and after taking it will the more thoroughly enjoy his morning nap.

Baby's wardrobe—to insure his comfort—should be just the same as he has been accustomed to wear at home. In warm weather starched garments are a trial to all of us, and we discard them, man and woman alike, as far as possible; little babies then, may surely be spared the discomfort produced by the stiffened frills that scratch his neck and wrists.

A large sun hat is a necessary feature in Baby's summer wardrobe; the ordinary straw or Leghorn hat, made to be worn half way back upon the head affords no protection whatever, neither from the heat of the sun nor from its glare; the broad brimmed flat hat, made of wash material and corded to keep its shape, is preferable to any other simply because it is cool, light of weight and shades the head and face.

Little flannel jackets to be donned in the early morning and evening should be provided, and as sudden changes in temperature are liable to occur at any time at the seashore or among the mountains, Baby's hamper must contain a warm coat, two flannel underdresses, a silken cap, or a lining which can be slipped beneath the usual thin Swiss one, and two or three pairs of cashmere stockings.

The experienced country-goer is well aware that in the height of the season the average hotel-keeper is exceedingly independent, and that his guests find him loath to attend to even very reasonable requests. But early in the summer matters assume a very different shape, and Boniface, anxious to secure good patronage, is quite ready to make valuable concessions. For example, after Paterfamilias has selected his rooms and the terms have been settled, he will readily accede to such requests as the daily service to the room of ice for the nursery ice-box, a pitcher of fresh milk, and the free use of gas or kerosene oil, for the little cooking stove with the aid of which Baby's food is prepared—provided the guest is wise enough to prefer these requests before he arrives with his family. Naturally, when the

price of board for the party is very moderate, there may be a slight advance in consideration of the extra service; but even so, it is far better to fix the charge beforehand, than to discover at the end of the first week, how remarkably these few "extras" augment the regular bill. June is the month to make agreements of this nature, and before the latter half, if possible. The hotel man may, as early as this, grant one thing more; this concerns the baby of larger growth, but it is an equally important matter.

Many a case of serious illness has resulted from the admission into the "children's dining-room" of little ones of two and three years of age. A casual glance into this room at meal-time reveals the nurses busy with their own food, some few stopping to ogle the waiter, others indulging in loud and eager gossip, but scarcely one attending to her charge in the proper manner. Consequently the very youngest of the children help themselves to whatever seems most attractive; now it is the lining of the banana peel that lies at hand; again it is a discarded water-melon rind, or it may be that the remnants of green corn still clinging to the empty ear prove most fascinating to the grasping little fingers. This danger can be avoided when such young children eat under the supervision of their mother. It is not always practicable to allow them to eat in the public dining-room with the latter, but there is no reason why they cannot be permitted to eat their meals in her own room. If agreed to beforehand, the landlord may even grant the free service to the room, at noon time, of a slice of roast beef and a baked or mashed potato for the child. Occasionally a chop or a bit of steak, for the sake of variety, may be substituted for the roast beef. A plateful of rice or tapioca pudding, for its dessert, and the light breakfast and supper can be brought to the room by the nurse on her return from her own meals.

In the limited space at one's disposal, a separate nursery is, in a country hotel, rarely attainable. One must, therefore, do the next best thing, and, by judicious management, endeavor to utilize every corner. The bathtub can be suspended from a back window, the nursery chair, when not required for use, hangs beside it, and a tiny clotheshorse, placed immediately beneath the window—outside of the room, if possible—serves to thoroughly dry the bath-towel and to air the rubber bed-sheet.

The first requisite for the comfort of the baby which is no longer nursed is a miniature kitchen,

so simple that it will occupy the minimum of space and at the same time be roomy enough to be kept absolutely clean. A table, such as is to be found in every room, and a shelf, attached to a neighboring wall, comprise the necessary furniture. The following items include all the utensils that will be required: A nursery ice-box, a cooking-stove—either for gas or kerosene oil, as alcohol is both expensive and dangerous—a saucepan, a funnel, a tea and tablespoon of agate-ware, a hair sieve, a glass or new wooden rolling-pin, six dish-towels, two dish-cloths, a tin dish-pan, not too large, and a half dozen of tin boxes with close covers—those that come with cocoa or baking powder answering admirably. These are to contain granulated sugar, salt, farina, barley, rice, oatmeal, etc. An empty tin biscuit box is to hold Graham and sea-foam crackers, if the baby is allowed to occasionally nibble at one of these dainties. The stove and ice-box rest upon the table, the boxes are placed upon the shelf, and the spoons, the pan, etc., hang from hooks fastened into its under side. If the baby is fed upon rice or barley gruel, much time may be saved in its preparation by grinding the grains to bits in a new coffee grinder before boiling them. If the child is to have only rice or barley water to drink, the grains, after being ground, are allowed to boil in a quantity of water for a few moments; the water is then strained through a clean cloth into the funnel, placed in the mouth of a clean nursery bottle. The latter is to be immediately corked and plunged into a pitcher of cold water; when cooled it is placed in the ice-box, and, if cooked early in the morning, it becomes an ever ready, cool and nutritious drink for the thirsty baby. Babies are apt to tire of the sameness of an exclusive barley or oatmeal diet. An equally wholesome and nutritious food is prepared by rolling a sea-foam or a Graham cracker into powder and allowing it to boil up once in a cupful of milk, adding a pinch of salt and a teaspoonful of sugar. Absolute cleanliness must be enforced in the entire culinary department. Such rules as the daily flooding of the ice-box, the immediate cleansing of every utensil after it has been employed, the tight closing of every box, to exclude insects and vermin, must be implicitly obeyed. The mother, however, must remember that unless she daily inspects her baby's "kitchen," this work will not be faithfully performed.

When packing Baby's furniture for shipment, the fact that each piece of baggage is charged for separately by the express companies, must not be

forgotten. The ice-box and many utensils can be placed within the carriage, if carefully packed and securely fastened. The rug, which is convenient to spread over the sand or grass when

Baby is inclined to play outdoors, can be folded around the nursery chair and bathtub, thus again making one package out of two, and at the same time serving to preserve both from injury.

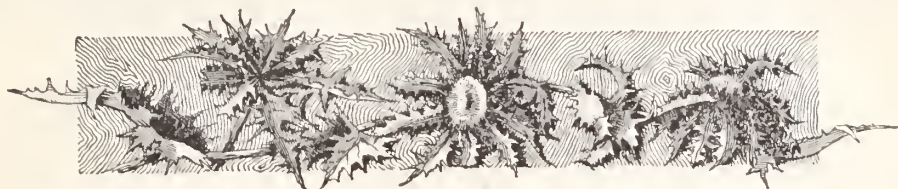


TABLE TALK AND SILENCE.

BY LAVINIA S. GOODWIN.

THE woman who forbade her boy from going into the water till he had learned to swim has been a laughing-stock since no one knows when, and still she appears to have numerous followers. Some people frown at the idea of children coming to the table till they know how to behave, not reflecting that they learn to do by doing. I have seen a tot in a high chair wait through the carving and between courses with all the pleased decorum of a refined diner-out; and I have seen an older child with perverted habits choose to take its meals in the nursery because there the food was all placed upon the table at once, to be eaten *à discrétion*, with manners at a discount. It is hardly necessary to observe that this last child is learning that which will be difficult to overcome, and which, if indulged in in future years, ought to banish him from good society.

If ill-mannered children at table are a terror, what can be said of ill-mannered fathers and mothers? Nagging the babies at their meals is intolerable, and if a child requires incessant watching and discipline it certainly should not be permitted to come to the family table. But I incline to think that just here parents, not a few, need to take a lesson in observing toward their children a polite demeanor. It is irritating mentally, and positively harmful physically, to have the meal seasoned with "Don'ts" and the table made a drill-field in behavior. The child subjected to this gets too keen a self-consciousness for either its comfort or its benefit, and will be almost certain to become either abashed and sullen, or careless and coarse, according to temperament. A little letting alone of children before their plates is as wholesome as a simple diet.

The proverb "Children should be seen and not

heard," seems in our day to outvie the celebrated deliverance of the Wise Man, "Spare the rod and spoil the child." And nowhere, except perhaps in church, are children expected to be dumb creatures so much as at table. Especially if a guest is present, the dinner hour in the majority of families is holy time, and the little people's organs of speech are put away, as it were, like their playthings on Sunday. There is no use for them. Yet, a few years hence, their conversational powers will determine in great part their popularity in society and their ability to get on in the world. Pray, at what particular year, month, day of their growth, shall they be allowed to begin practice in being sometimes heard as well as seen, and under conditions to bring out the best there is in them? That they hear and understand others' conversation, that quip concerning "little pitchers" is in evidence.

Now, within limits of course, is there not a "sweet reasonableness" in encouraging young children to share in the table talk which as regards older people is held to be a principal factor in good digestion, to say nothing of the pleasure afforded? If the national disease is dyspepsia, more or less induced by fast eating, as we are told, is it judicious, kind, or fair to bring up children to fill their stomachs in speechless haste and rush away, when some portion of the conversation could easily and to general advantage be made to include them? It is the little boy or girl accustomed to be addressed only on personal matters that is apt to grow conscious and pert. Let parents consider whether childish thought is not too often repressed and dulled by enforced silence where, it might and should be quickened and cultivated.



BABY'S WARDROBE.

Fashion Notes.

HATS of all sorts are taking the place of the comfortable caps of muslin and cloth which have so long been the chief wear of babies and little children. The prettiest hats are those shirred on cords or reeds, and are as often seen in silk to match the coat as in lawn or mull. Around the edge of the rim is frequently sewed a frill of lace about three inches wide, after a manner which was fashionable a generation ago.

White cashmere, after having been somewhat in the background of late, is again the choice in woolen materials for babies' long cloaks, and rivals in popularity china silk, which is newer for the purpose. The cashmere is, however, no longer ornamented with quantities of heavy silk machine-embroidery, but is finished with feather stitching in embroidery cord or very delicate braids. Sometimes the braids have a metal thread, but surely this is out of place on little baby garments.

Yellow is becoming a very favorite color in children's wear, and threatens to displace to a large extent the time-honored pink and blue. There is more variety of color employed about Baby's wear this season than for a long while, yellow, green, and even lavender appearing, as well as the conventional shades.

An Appeal for Simpler Styles.

BABYHOOD would like to enlist an army of earnest mothers in a great crusade against the present self-consciousness of children's dress. It is impossible, when such an undue amount of time and trouble and money is concerned in the clothing of tiny creatures hardly out of infancy, that they should remain simple-minded and thoughtless, as they ought to be, of what they wear. The straining after pictorial effect—as it is misunderstood—the effort to make plain children pretty, and pretty children prettier, through the effect of their clothes cannot but direct the attention of the little folks to themselves, to their personal appearance, to their physical attractiveness. Instead of cultivating their taste for beautiful things it merely

stimulates their vanity, and begets a love of adornment and display most unfortunate and unchild-like. Instead of learning, through their earliest perceptions, that their garments are only the customary drapery of civilized life, of which cleanliness, simplicity and fitness are the first and most important requirements, their earliest consciousness is filled with the idea that the effect of what they wear, and not its comfort and convenience, is the really important point. In this day and generation, when the chief ambition of the average human being seems to be to live in the public eye, let us bestir ourselves to prevent the babies from being born “grown up.”

Sailor Suits for Children.

THE seaside summer resorts, both of this country and Europe, are frequented by a jolly lot of youthful tars, wearing the regulation British sailor's blue serge. The fashion is not only very pretty and picturesque, but is really desirable, and is in fact the healthiest possible clothing for boys, either in summer or winter. The great advantage of these loose sailor suits is in the fact that they not only allow free motion to all the limbs and muscles in exercise, but are so fashioned as to reduce to the minimum the harm so often caused by the ordinary clothing. The sailor suits are recommended because, although the most stylish obtainable, yet at the same time they are the most economical for all the year wear, obviating change and the bother and expense of soiled collars and cuffs.

They are also to be recommended because they tend to teach a boy habits of neatness and personal tidiness. They are becoming more and more popular in this country each year, although the suits worn are not those of our Navy, but of Royal England. This is not from any lack of patriotism in parents or children, neither is it because the dress of our Yankee tars is plain, but because the English suit is more convenient for children and less conspicuous. The most popular English naval tailor once informed me that

of all the suits for sailors the American was the handsomest, having only one drawback, and that being that one seldom saw two alike.

The fashion of dressing children in man-o'-war suits originated in England, and is still in great favor there, and it is likely to continue for many

years to come. Many of the royal princes have worn the uniform of Jack Tar long before they entered Her Majesty's service, and sailed the ocean blue. It is quite common for the children of prominent families to be dressed wholly in sailor suits the year round. The regulation man-o'-war are the only sailor suits known in England. One never sees for sale the stupid and characterless things sold in this country as "sailor suits."

Unfortunately, many who desire to have their children wear these suits do not know how to obtain them or where the real ones can be purchased. No seamstress can successfully make them. To have the genuine they must be obtained of a naval outfitter, or from some "Jack Tar tailor" direct. Many of our American outfitters for children import these suits direct from England, and sell them at very reasonable prices. Suits made of poor materials soon wear out, and sometimes "bogus" sailor suits are imported. Such are not desirable; the genuine will be found strong and lasting—and generally cheaper than the imitation.

Portsea or Portsmouth, England, is the great rendezvous for British warships and British tars. Here are the old retired admirals, and many of the crews which have survived sea service with them. In the blue water floats England's splendid schoolship for young sailors, the "St. Vincent," and near by is Lord Nelson's brave old

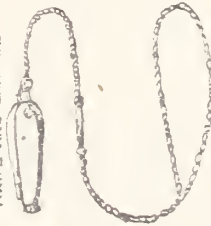
ship the historic "Victory" of the battle of Trafalgar—warships of all descriptions, from the saucy little torpedo-boat to the grim and dangerous looking ironclads. And one would naturally suppose in such a nautical place as this, tailors are busy continually making man-o'-war suits not only for British tars, but for those of many other navies and also for little Yankee tars, whose gallant ancestors fought in Yankee ships and fought so well. They would be surprised enough to see the children dressed up in royal naval blue with crown and anchor on the natty uniforms. Real sailor suits are made of royal naval blue serge for winter and for ordinary use, but for wear in very hot weather, when the summer sun is doing its best to burn up everything within reach, a handsome material known as white drill is used and also a lighter cloth called "Galatea"—or striped drill. The blue serge suits have separate "taped collars" of blue dungaree, but the summer suits have the blue dungaree collars sewed on the tunics or shirts. Either the long, large sailor breeches can be worn, or short "knickers" reaching to the knee.

For common use the blue cloth cap is usually worn, but in summer the large royal tar hat

"GALATEA."



KUIFE AND LANYARD.



BADGE
WITH GOOD CONDUCT STRIPES

"ROYAL TAR"



made by the sailors and called "Sennet" is most convenient and popular. One of these hats will last for years, wearing like iron. They are

readily cleansed by scouring with some pure soap, and a nail-brush. Placed in the sun they are soon dried and ready for use again. To the beautiful white lanyard which is worn around the neck is attached either a knife or whistle, as the youthful tar may select. A boy needs two blue serge suits every year, three of white drill or Galatea, and a good supply, say half-a-dozen, of the regulation black silk handkerchiefs, lanyards and under vests. This outfit will be found, considering its excellent style and healthfulness, a very reasonable expense and little, if at all, beyond the cost of the common fashions which our boys are so often disfigured with. A handsome suit for best, either in summer or winter wear, is of white serge frock and blue cloth "knickers. The "knickers" should be made like real man-o'-war breeches with flap and four buttons. The watch stripe is made of real worsted braid for the blue serge suits and of dark blue for the drill and Galatea. It is worn on the right or left arm close to the shoulder sleeve-seam. For the "port" watch the stripe is on the left and for the "starboard" watch on the right. Most of these juvenile tars belong to the starboard watch, wearing on the left arm the badge, in red worsted, of crown, crossed anchors and bars, the emblem of authority of a first-class petty officer. The bars, or chevrons, are good-conduct badges and I should judge that all these jolly rollicking little tars must be very, very good, for I have seldom seen one without these honors. In point of fact the badge is useful only as a decoration.

Sailor suits for girls are the same as for boys, so far as the frock and ornaments are concerned. The skirt should be of plain blue serge of the same shade and texture.

For health and pleasure I gladly recommend the pretty man-o'-war suits for girls and boys, and it is with great pleasure I notice the increasing popularity of them and the proportionate improvement in health. We need wholesome clothing as well as wholesome food for our children.

W. THORNTON PARKER, M. D.

Salem, Mass.

Layette.

WHEN furnishing a layette the first consideration of every thoughtful woman is the comfort and well-being of the child for whom it is provided. Another important point with many women is to combine comfort and a certain amount of daintiness with economy, perhaps not less of means than of time and strength. I have kept these

considerations in view in submitting a list of articles for a baby's wardrobe which is sufficiently ample in all its provisions, and capable of being adapted to suit the means of almost any person.

First, it is best to secure a full set of patterns from some reliable pattern store, such as Butterick's, New York, or from those who advertise in *BABYHOOD*. From the directions accompanying each pattern one can easily calculate the amount of material required.

Three Silk Bands.—Looseness in infant's clothing is most conducive to comfort and health, and for this reason I would advise the use of silk knitted bands. Being somewhat elastic, they fit snugly—which is desirable—and allow free and unconstrained action of the body, thus averting the discomfort and danger of pressing the abdomen too tightly. These may be purchased ready for use.

Six Linen Shirts.—These may be hand sewed, made of the softest linen, and edged with the daintiest lace. Some mothers use soft woolen shirts, but physicians usually agree in saying that the softest woolen shirts are a little harsh at first for the tender surface of baby flesh. However, the woolen shirts should be on hand, for use as soon as the little one is old enough to be exposed to the slightest draught.

Four Pinning Blankets.—These garments may be made of one width of flannel, and may be finished by simply feather-stitching a hem on three sides. The skirt is sewed to a flannel band, wide enough to pass around the body more than once, and tied with tape strings. These blankets are worn night and day. They are sometimes worn for a short time without a skirt, but they should always be worn with a flannel skirt to guard against stains and moisture. The garment can be readily changed when necessary.

Three Flannel Skirts.—Two for every day use may be made of ordinary flannel and feather-stitched on the hem. Two breadths, twenty-seven inches long, are necessary for each one; or one may buy flannel skirting with a scalloped edge, allowing a yard and a half for a skirt, making only one seam. The best skirt may be as elaborate as one's taste and judgment dictate.

Four Cotton Skirts.—These may be made a yard long, of lawn or cambric, and trimmed quite elaborately with tucks and embroidery, as this length makes them longer than the gowns worn over them. Some mothers prefer to use skirts made in this way and then provide less elaborate wrappers and gowns, since these re-

quire to be laundered more frequently. Each flannel and cotton skirt should be sewed to a waist without sleeves, and fastened loosely with small safety-pins, so that each garment may hang directly from the shoulders. If the season is cold the flannel skirt may have a flannel waist.

Five Cotton Wrappers.—These may be made of lawn or any soft material and daintily trimmed with lace round the neck and sleeves. Lace is preferred, because it is less harsh than embroidery.

Two Striped Flannel Wrappers.—These are convenient to slip on at various times, as when Baby makes a visit to some part of the house where the atmosphere is cooler than that of its own room, or when taken out of doors in warm weather. They are made larger than the white wrappers and are fastened only at the throat, and may be feather-stitched or otherwise decorated on the front edges and around the bottom of the skirt.

Five Dresses.—This number is sufficient if cotton wrappers are used, and a nice robe is provided for christening, etc. These may be purchased ready-made at a reasonable price, and a deal of labor saved.

Five Blankets.—One of these may be handsomely embroidered for best use, two simply bound with silk binding for night wear, and two scalloped or finished with a feather-stitched hem for every day. A square of flannel is sufficient for one. When buying flannel, ask for baby flannel, as it washes better.

Six Pairs of Worsted Socks.—Many mothers are not sufficiently careful to protect Baby's feet. Socks should be worn night and day. They should be much larger than the foot, and the sock string should be run in high above the heel or they will not stay on.

Three Night Gowns.—Comfortable night-gowns for summer or winter may be made of white outing flannel. A good way to make them is like a Mother Hubbard wrapper, open at full length in the back and buttoned only as far as the waist, so that the garment may be drawn apart when the child is laid in its cradle, thus allowing the moisture to be absorbed by such articles as may be readily changed. This insures a warm, dry night-gown, which is a luxury for a baby.

One Hundred Napkins.—This number provides for all emergencies and presupposes that no loving mother will oblige her child to wear a patent rubber napkin. They should vary in length from one yard to a yard and a half and be

of proper width to be square when folded double. Twenty of the largest size may be made out of birds-eye linen for best use. The remainder may be made of a thin quality of cotton flannel, such as is sold for seven cents a yard, particularly adapted to the purpose, as it is soft and easily laundered.

Six Doilies.—These are convenient to use for a baby, as an adult makes use of a handkerchief and a napkin.

Six Bibs.—These may be purchased ready made for a small sum. They are not necessary until Baby begins to show signs of teething.

Sundries.—To protect the mattress of a cradle lay over it a yard of rubber cloth. Over this lay a square of wadded muslin either quilted or knotted. Have six of these made. They are also convenient to lay in the lap while holding the baby. A mother will find it expedient to have an apron made of Shaker flannel to wear while dressing her baby.

Nursery Basket.—Last of all comes the nursery basket, a very important accessory. It may be wadded, lined with colored silesia and covered with lace or spotted muslin, or otherwise fancifully made. When used the first time it should contain a night-gown, a pinning blanket, a square blanket, a linen shirt, a silk band, some soft pieces of linen, a pincushion furnished with safety-pins of two sizes, a bottle of vaseline, a puff-box containing corn-starch, a cake of pure soap, a soft towel—one of cheese cloth is generally liked—and a sponge.

Parkville, N. Y.

M. A. A. STILES.

Size of the Earliest Clothing.

PERHAPS most prospective mothers do not need the caution against making the baby-clothes too tiny, yet when I remember the gentle derision which my generous patterns produced in my circle, it occurs to me that my experience may serve to strengthen some one against the good-humored gibes of friends who maintain that the dresses are "large enough for a two-year-old."

Mine were large—designedly; not because I expected a particularly enormous baby, but because I expected a busy first year, and did not want to have unnecessary sewing to add to its cares. The consequence was that the clothes needed no enlarging as the baby grew, and at five months I prepared his short clothes in the leisure time of a week or so. The process consisted of cutting off buttons of dresses and skirts and making a new set of flannel shirts. I made no new

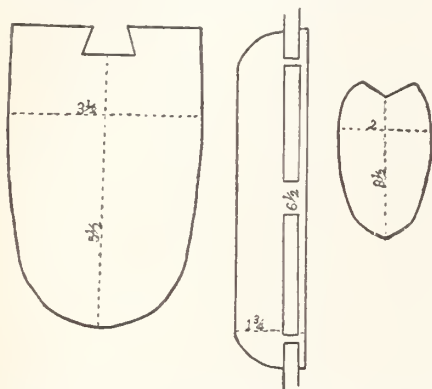
skirts, and but one or two additional dresses, until he was eighteen months old, only having to put in larger sleeves in the meantime.

Ithaca, N. Y.

E. C. E.

Moccasins.

SARA B. HOWLAND'S article in a recent *BABYHOOD* tempts me to give my experience with moccasins. The pattern I use is this:



and I have never had the least trouble in making them stay on. I make my baby's moccasins of felt instead of chamois skin, and like them much better, as they do not soil so easily. To be sure, they do not wear so long, and I have to manufacture a pair every three weeks; but they are very easily made, and must be much warmer and more comfortable for the little feet than the stiff leather shoes.

The ribbon, which runs around the ankle, should be at least half an inch wide, and the stockings must be securely fastened up, for if the stocking is allowed to slip off the heel no amount of ingenuity will keep the moccasin on.

C.

Worthington, Minn.

Moccasins that Stay On.

IN answer to the query in *BABYHOOD*: "Are Moccasins Practical?" let it be said that the problem is merely a question of fit. A moccasin, ample in length and coming well up over the heel to a point opposite the instep, so fitted in front that the instep is well covered, and snug around the ankle, while more properly called a shoe than a moccasin, is still a most useful and dainty foot-covering.

My baby wears some made after the pattern which appeared in the December *BABYHOOD*, and while the ribbon is frequently pulled out, thus

suggesting a button as a more secure fastening, even the busiest baby-fingers may tug in vain. Though feet wave in the air and toes go into the mouth, Baby often wears a ribbonless shoe for half a day.

Some most practical shoes are made of an embroidered leather jacket, which once adorned the shoulders of a gay young bachelor. Golden brown buckskin makes a very pretty shoe for a creeping baby.

J. D. J. L.

Asheville, N. C.

Experience with the Gertrude Suit.

AS I have read *BABYHOOD* month by month, various things have suggested themselves to me to communicate to other mothers.

Some time ago some one asked about the finishing of the Gertrude suit. I finished my little flannel garments with facings and bindings of Coventry (or Cash's) ruffling, and have found it not only very dainty in appearance, but as serviceable as the flannel itself. The ruffling is of fine cambric, with either a lace edge or a plain edge—the plain, of course, to be used for this purpose. Its draw-string may be either left or pulled out. The inch width is about right for our use, and comes at about sixty cents per piece of twelve yards. That edge of the facing which is usually hemmed or stitched I finished with a small cat-stitch in sewing-silk, and found it very pretty. In regard to a crocheted edge, I tried it with flannel shirts and found that if the neck had no other finish it stretched out of shape. Of course a facing and an edge besides would be firm.

My boy of twenty months is still wearing the Gertrude skirts he wore in his first infancy. For short clothes I cut them off, and upon the raw edge of the bottom of the skirt crocheted, with saxony, a simple scallop. As I understand it, the Gertrude suit provides for but one skirt. I would advocate a pinning-blanket (that is, a square of flannel on a band) in addition. It proved in the case of my baby a great saving to the skirts by keeping them from being soiled, which would inevitably have shrunk them. It was often wet from the diapers, and had to be changed—an inconvenient process with the Gertrude skirt, but easy with the pinning-blanket. To avoid the wide, tight band I made mine with an inch-wide band. I finished the bottom of the flannel skirt with a firm facing, holding six or eight small flat buttons, and upon these I buttoned the pinning-blanket.

E. C. E.

Ithaca, N. Y.



THE MOTHERS' PARLIAMENT.

Only Children. —We must at once acknowledge that the position of an only child is an unnatural one,

but in our day it is growing to be an increasingly common one. Mothers to whom but one little one is given, or who have lost all but one, must seriously consider how best to overcome the disadvantages of the situation.

In infancy a child is happy enough, surrounded by kind and wise elders, but by the time he is three years old, the need of companions of his own age arises, and that need becomes increasingly greater with every year. How can it best be met, and selfishness and peculiarities avoided?

Kindergarten at first, and then school, should be an absolute rule, and if there is no kindergarten at hand, an hour or two daily at the primary school will be better for a four-year-old than staying all day at home. Little friends should be invited as often as possible, and the child carefully taught to share and yield his numerous toys. The mother must make special efforts to give him what comes naturally to the members of a large family.

Another important matter is to give up the nurse as early as possible. Where there are several children the mother cannot care properly for all, and the nurse's attention is divided; but with an only child, the nurse has nothing to do except to wait upon and amuse her charge, and the child is made selfish and helpless. This is especially the case with girls. I have seen an only daughter of eleven years old who could not put on her own shoes and stockings or cut her meat. By the time a child is four or five it should be able to help itself in many ways, and if the mother then breaks up the nursery, takes charge of the child and trains it to be helpful and independent, she will be doing important work in forming its character.

A boy does learn to be independent later in life, but too many girls waited upon and spoiled in childhood and girlhood make wives who expect everything to be done for them, and are, in no

sense, helpmeets, and they are the mothers who must have "a perfectly competent nurse, to take full charge and keep the baby at night." As I heard such a mother say the other day, "How could I get up three times in the night to prepare a bottle? I *must have* a nurse who will do it."

If an only child is constantly with its parents, one precaution must be observed: the father and mother must forego the free criticism of others, particularly of members of their own family. Where a child hears the actions of its elders commented on and criticised, it loses all the confidence and simplicity of its years and becomes precocious in the most disagreeable and harmful way.

One great compensation the mother of an only child has—there is no conflict of interests, no setting one child aside for the greater need of another, and, with a daughter, the mother can be her most intimate friend and live her own life over again in her child. Happy if she is able from her experience to save her girl from some of the mistakes and pitfalls that have beset her own path.—*Y. B. C., Philadelphia.*

"Irishman's Twins."

—I am the mother of what have been called "Irishman's Twins," that is to say, two babies with a difference in their ages of but eleven months. Not a strong woman, although possessing equable health, and having for help in both departments of house-keeping and baby-tending but one young girl, it is a wonder to my friends, and even to myself, that I am equal to my cares and duties.

Baby No. 1 was always exceptionally good, easily forming good habits, but No. 2 has been more uneasy, and at times my life has been a weariness to me on account of lost sleep. Now, however, at five months old, he is much better in this respect, and I feel that life with but one baby would be rather tame.

Both have thriven upon milk prepared with the

Fairchild Peptogenic Milk Powder. When No. 1 was a year old I ceased to peptonize the milk, and he suffered nothing from the change. His diet now is bread crusts and milk; it appears to be sufficient for the present. He has only ten teeth, and although plump and well, weighs but 22 pounds. For a while I added oatmeal gruel to his milk, but, as whenever he cuts a tooth he has some diarrhoea, I find him better without it.

BABYHOOD has been a valuable assistant to me, although I have failed to live up to its standard in all respects. I look over the old numbers occasionally and find hints unnoticed before, because, very likely, the need had not arisen.

I wonder if other mothers find the baby carriage such a constant blessing as I have done, in the house as well as out of it. It is the "Family Coach" in which I put my two babies when tired of other positions, and, by means of a cord fastened to the front, push it across the room and draw it back, myself comfortably seated all the time. It is the "Pullman Sleeper" for little five-months old, and it is sometimes used for his night's sleep. From the rod intended for suspending the parasol I hang a string of bells or other toy with which he will amuse himself for half an hour at a time, pushing it with his little hand, thus making it swing to and fro. No. 1 did this at four months; and at sixteen months old, although not yet walking alone, he will climb up behind the carriage, and seizing the handles tightly, will push it across the room, then make his way around to the front, get a good hold there and trot back with the carriage before him. Sometimes Baby is in it and sometimes not, and sometimes he is there asleep and gets a ride more suddenly than he is ready for, or than I desire. A gentle motion to and fro will soon quiet him when roused from sleep by any disturbance.

It is my experience that a healthy child may be kept contented without much trouble if his position is often changed, from one room to another perhaps, and if, when tired of the floor, he is tied into his high chair, whence he can watch the cooking or something else which attracts his attention; or when he is allowed to work off steam by pulling around old tin pans for awhile, etc.

I had always put my first baby to sleep by rocking him in my arms for a short time. One or two attempts to force him to sleep by himself brought on such prolonged crying that I gave it up temporarily. Now that I have another to tend there is no trouble about it. I put No. 1 in his crib, and sit by him with No. 2 in my lap. He

usually plays awhile, then settles down with his thumb in his mouth (sad to relate!). I sing a little and soon he is off to slumber-land.—*M. C. H., Norwalk, Conn.*

—Please allow me to suggest

A Hint for Baby's to the mother who writes the **Sleeping-Room.** third letter in "Nursery Problems" of February **BABY-**

HOOD, that she make the baby's sleeping-room as dark for the day nap as it is for the night's sleep. It ought to be so dark that a little baby would not know one time from the other. It is easier to buy dark shades for one room, or to have dark hangings (of shawls or quilt or carpet even) with loops to hang up by each nap time, than it is to take care of a baby robbed of a good rest in the day-time. If the head-board of the bed is open and the wall light-colored, the light may reflect straight into the child's eyes, and something dark should be hung behind the bed.

Besides conducting to Baby's going promptly to sleep, a dark room will lengthen a nap already begun. Baby half waking, will not have his attention caught by the light, and will turn over and shut his eyes for a little more sleep. My babies have done so many times, and they have the reputation of being remarkable sleepers.—*Alice L. Park, El Paso, Texas.*

—I have a vivid recollection

A Reminiscence of my first friend. She was "**Biddy.**" a freckle-faced, dumpy maid,

fresh from Ireland. She had

big white teeth, china-blue eyes and the most tangled mass of real red hair that you ever saw. To everybody else in the family she was plain; to me she was fairer than a queen—for she was possessed of that wonderful gift, story telling. Some of my brothers and sisters had out-grown stories and were engaged with realities. Some were too young to appreciate this charmer's mighty gift; so I enjoyed her witchery all to myself. Every one else seemed to be my sworn enemy then. The elders were always demanding menial offices and attentions of my close friend just when she had approached the most telling part of the story; and the youngers never hesitated to rush in and disrupt the very best part of all at untoward intervals. What an immense store of fairy lore was held in that queer girl's head! What gifts of pure Irish soothsaying she had brought to me! And how carefully I was always waiting to do the slightest service she might ask of me; for I knew how well I would be repaid for

all when a chance opportunity gave her time to tell me about the quaint pigmy in a conical hat who chased the lights flickering all over Irish bogs!

One bright-afternoon my charmer, her name was Biddy, was given permission to spend a half holiday as she pleased. She said that she and I would go to the park. I was in a seventh heaven of bliss; I knew she meant it for a kindness toward me. I seemed so fully appreciative of all her stories. We took a little lunch and went to the park and settled ourselves down in a snug retreat for a jolly time. Biddy was never more entertaining than upon that eventful occasion. The rich burr upon her tongue added a charm to the wonderful stories which followed fast. I was quite carried away with her fine word-painting and fairly hung upon all her vivid recitals. Just as she reached a most interesting point, where an Irish giant was about to cross the channel at one stride, she halted, jumped up and gave a cry of delight. I was hurt at her interruption. It was so unjust, so unreasonable. The next instant a stout fellow had her in his arms and was hugging, kissing and crying over her. She had forgotten me in an instant. The pair talked and talked while I sat there overcome with the sudden woe. It was Biddy's brother who had only just landed. He went home with us; and in a few days he took my charmer away with him to the West. Dear Biddy! She has little chaps of her own now. What a store of delight her stories must be to them!—*H. S. Keller, Utica, N. Y.*

Milk as a Milk Producer.

—Perhaps my experience with milk as a milk-producer may be of service to some other reader of BABY-

HOOD. My supply of milk for my children has varied very much, both in quality and quantity, so that when a new baby arrived, a year ago, I was very anxious to nurse him, but at the same time not at all sure that I would be able to do so. My milk came all right, but he did not gain on it as he should have done, so I resolved to try to improve it. I tried several things but soon found that when I drank milk freely he gained most rapidly. I used it all summer, but in the fall our cows failed and I was obliged to give it up. My baby scarcely gained at all; indeed, for several weeks he was at a standstill. One of the cows became fresh, and as soon as the milk was fit to drink I began using it again, with the most gratifying results. My baby gained half a pound in the first ten days and has averaged a quarter of a pound a week

ever since. Of course, my method may not have the same effect on every one, but it is certainly worth trying.—*M. R. R., Livingston, Va.*

—I wish to say a few words in grateful appreciation of "Success with the Reformed Primer," "The Reformed Primer."

My second child took no interest whatever in books, and after several unsuccessful attempts to teach him to read I gave it up, concluding it was better to wait a little than by forcing him to run the risk of giving him a dislike for books and study. We thought him a slow child and let the matter rest. Last summer, when he was a little more than six years old, his father brought home a "Reformed Primer," and he began to read in it a little, spelling out the words. He only knew a few of his letters, but I found that his interest was awakened, and in September began to hear him say lessons regularly every morning. The ease and rapidity with which he went from page to page was something marvelous, and his success in learning to read seemed to awaken in him an appetite for other study, so that now, six months from the time of his beginning, he has mastered not only this book, but Appleton's First and Second Readers, and is fully prepared to enter the Third. He is a very good speller, can do long examples in addition and simple ones in subtraction, knows quite a little of geography and the globe from oral instruction, and exhibits a healthy, growing appetite for knowledge of all sorts. He can read without help the simple little stories in his childish story-books and magazines, and all this has been accomplished without a tear or complaint. Lesson hours are a delight to him and to me, and I attribute it all to the simple, easy and natural method of learning to read as set forth in your excellent little book. I wish all mothers could be persuaded to try it with children who are slow to learn with the ordinary books and methods of our schools, or better still, that it could be introduced into the schools.—*H. E. H., Hempstead, N. Y.*

—There is one duty which every mother owes to herself and family, especially during the summer months—a nap

after dinner. A busy woman once told me that she owed her health, her patience, and her happiness to this habit. She did her own housework, living in a dirty city where it re-

quired a constant struggle to be clean; but daily, after her dinner-work was finished, she locked her doors, bathed her two little children, put them first into their nightgowns and then in their bed between sheets. Then she took her own bath, donned her nightgown and crept into her bed, which was close beside the children's. They would all sleep soundly for an hour or more, undisturbed if the door-bell chanced to ring, but by four o'clock they were usually dressed, rested and refreshed. The children were no more trouble for the rest of the day, and when the husband came home at night he found cheerful, bright faces to welcome him. There is, in truth, no time so well spent as in an after-dinner nap. We are all human, and it is not in the power of womankind to be able to present the much-lauded "cheerful countenance" unless she give some thought to her own individual comfort. We need not expect to keep the love of our husbands and children if we allow ourselves to grow fretful and present a sorrowful and untidy appearance. We must keep our tempers sweet, and there's no ounce of prevention better than an afternoon nap. Try it! As Colonel Sellers said, "There's millions in it."—*Floy L. Wright, Geneva, O.*

The Art of Putting Baby to Sleep.

—There seem to be two classes of mothers who write to BABYHOOD, one class who calmly say they early trained their babies to sleep at certain satisfactory hours, and another class who make despairing appeals for advice as to how to put their babies to sleep; but BABYHOOD, the infallible, has no "patent rule." Now, I have, and hasten to proffer it with all the assurance of a woman with her first baby. Besides, if I wait for my anticipated six, it may be lost to the world. It is the hackneyed but usually valuable advice of *Punch*, "Don't."

Don't try to put a baby to sleep. Consider the enormity of the suggestion! Could anything put you to sleep, less than an opiate or a sand bag? Reflect upon the ingenious methods generally employed, and see if they are not better fitted to produce prolonged wakefulness than healthful sleep. For instance, is not the first preliminary to putting a baby to sleep in the night, a more or less general illumination? In many cases a light is always burning. No well grown person sleeps better for a light at night. There are few nursery tales commoner than that of the wide-awake infant with whom one or both parents have

"worked" to the point of exasperation, only to see, upon putting it on a bed, the exhausted baby turn with a grateful little sigh and fall at once asleep. My baby did that, after an hour's rocking in my arms one hot evening and "upon this hint, I speak."

It is not difficult to tell when an adult is sleepy. With a baby, unhedged by considerations of tact, it is still simpler. The signs are about the same. Given a sleepy baby, all you have to do is put it in a warm bed in a dark, cool room, and permit it to go to sleep. I cannot answer for this rule for a child already "spoiled," or for one under three months, as I did not discover it until my baby had reached that age, but I believe it contains the elements of success in both cases. If, after a little cry and an endeavor to compose itself the baby is not asleep in ten minutes or so and grows restless take it up. Or, if it cries itself into a nervous or wide-awake condition, take it up. Then allow it to amuse itself as usual, or perhaps in the latter case a game of "patty-cake" or "peek-a-boo" may be necessary. Allow it to play about until it shows signs of drowsiness and then try again. The chances are it will fall asleep according to rule. I know many a mother who reads this will exclaim, "My baby would never go to sleep if left to itself." It may abuse its liberty for a while; my baby staid up till ten o'clock the first week. This plan went into practice at our house, to the delight of her father and uncle, who had no other time to visit her, and who did not sympathize with my daily struggle to put her to sleep at half-past seven. After a few days of peace, the chances are your baby will fall into regular and reasonable hours of sleeping. It is at least as likely to do so as when you wear yourself out trying to secure that result. The underlying principle is charmingly simple; if Baby is sleepy, it will go to sleep. If not, all you can do is to reduce it to a state of exhaustion.

We are all familiar with the infant who, after an hour or two of its parent's assistance in going to sleep, awakes after ten or fifteen minutes prepared to renew the festivities. That is a case of nervousness. The baby suffers as much as you do in the putting-to-sleep process. I notice that any accident or disturbance that prevents my baby from sleeping as usual always shortens her nap in proportion to the interference. If all this sounds so simple as to be trite to those who knew it before, it was a genuine discovery with me, and may enlighten some troubled mother. I was fully im-

bued with the idea that all infants are by nature unalterably opposed to sleep, this idea being gathered, I presume, from the traditions of nursery warfare in the matter. It was a shock to me to realize finally that my baby fretted far more vexatiously for sleep than for food or anything else. Most mothers know the distress one suffers who, anxious and ready to sleep, is prevented by outside interference. It is scarcely exceeded by the tortures of insomnia. No wonder the baby cries. The high art of putting this rule into practice is in seizing the moment when Baby is just sleepy enough. Five minutes later may easily be too late. The first yawn should be a signal for close watching, if not for action. A baby who is too tired to sleep is as uncomfortable as an adult in the same condition, and frequently as irritable.

It is almost unnecessary to add that regular habits, once established, must be respected, and that feeding at stated periods is essential to this regularity. Another essential is that the child sleep alone. I append a table of the hours selected by my baby as a hint to others. These hours were adhered to, for the most part, without fifteen minutes' variation. Any unusual deviation was accounted for sooner or later and was generally through my fault or oversight. Of course, this result can not be accomplished without determination and attention on the mother's part and some vocalization on the part of the child. Then there are occasions when the child has evidently pitted its lung-power against the mother's patience. The transition periods, at every third month or so, were especially times of trial. At ten months, Baby made the interesting discovery that when she was put down in her bed it was possible for her to get up again, which she did with great hilarity and endless persistence, no matter how sleepy. After a stormy season I found the only way she could be made to compose herself was in my arms, and for six weeks I rocked her to sleep. Then, when she was regular again, I began laying her in her crib, and, holding her with my hand on her shoulder, soon accustomed her to the change. She certainly sleeps better in consequence.

Lest some of my readers should consider an

exceptionally fortunate baby essential to this programme, I may say that my poor daughter suffered from malnutrition from her fourth to her ninth month and was not fed satisfactorily for some time later. The causes were among those in the list of things easier to see afterward than before.

The late bed-hour in the table below came when the days were longest and the outing was comfortable after six o'clock.

—D., Lincoln, Neb.

| Months | 3d to 6th | 6th to 9th | 9th to 10th | 10th to 13th |
|--------|------------|------------|-------------|--------------|
| Wakes | 5.00 | 6.30 | 7.00 | 7.15 |
| Sleeps | After meal | | | |
| Wakes | 7.45 | | | |
| Sleeps | 11.00 | 11.00 | 11.15 | |
| Wakes | 2.45 | 2.00 | 1.30 | 1.30 |
| Sleeps | 5.00 | 6.00 | 6.00 | 7.30 |
| Wakes | 5.45 | 6.30 | 8.00 | 9.00 |
| Sleeps | 8.30 | 7.30 | 9.30 | After meal. |

Unsatisfactory Trial of the Fruit-Diet.

—Having read a good deal about the "Fruit-Diet," and about its great benefits in "painless child bearing," I was particularly interested in Dr. Leonard's article on "Hereditary Physical Traits" in a recent issue, as he mentioned the *results* of such diets. I gave the fruit-diet a thorough trial, in the hopes of finding it "painless," but I must say that I do not see that it made any difference in regard to the "labor," although my general health was good. But the poor baby! From the time he was six months old until he cut his last tooth, at two years old, there were days of fretfulness, restless, wakeful nights. Every tooth had to be lanced, and even then, with tender care and skillful nursing and medical attendance, we could scarcely take him through that "second summer." Aside from that, he has always been so particular as to what he would eat, even as a baby, as to make it troublesome to cater to his appetite. He is now, at the age of seven, a slender, nervous, fretful child, while his two little brothers, not fruit-diet boys, are sturdy and serene.—R., Jacksonville, Fla.



NURSERY PROBLEMS.

Eczema and Hives ; Teas and Stimulants ; Chewing Food by Proxy ; Cotton or Flannel Bands.

To the Editor of BABYHOOD :

(1) Will you please give me some advice as to treating skin diseases in infants, such as hives, eczema, etc.

(2) Why should young infants have teas? Is it necessary that they should have them, and do you think they should be given stimulants in the tea?

(3) Is it not injurious to a child to have its food chewed by an older person? Would it not be better to feed the child only such things as it can masticate itself?

(4) Should infants born in the summer wear cotton or flannel bands?

YOUNG WIFE.

Beech Grove, Tenn.

(1) BABYHOOD frequently has such articles, and from time to time will have more. But the treatment of an obstinate eczema or hives is no holiday amusement. It may tax professional skill.

(2) There is no reason, unless you refer to mint teas and the like, given to relieve a painful colic, when they are medicines for that particular ailment. A baby in health should never have such things or any other medicines.

(3) The habit you allude to is a disgusting one, and should not be permitted. If a child cannot properly chew its own food it should be kept on liquids.

(4) Flannel is better.

Age for Sitting Up ; Quantity of Food at Six Months ; Street Airing ; Teething Ring.

To the Editor of BABYHOOD :

(1) Should an infant three months old be allowed to sit up in her chair, if she is able to, or is she too young to trust her back?

(2) How many ounces of food should an infant six months old take in twenty-four hours?

(3) When should a child born in December go out into the street?

(4) Should a child, when teething, have something to chew on, or would it cause colic? M.

(1) There are few hard-and-fast rules, but ordinarily a three months' child should not be allowed to so sit up in a chair. A good rule is this: To never set a child up, but to let it draw itself up in its bed when it is strong enough and intelligent enough to do so. When it has shown a decided tendency to do this, it may then be set up with pillows or in a nicely supporting chair.

(2) An average of 36 ounces of food of proper quality is about right.

(3) That depends upon climate, the condition and robustness of the child and many modifying

circumstances, which must all be considered. In New York, in an average winter, street dirt and all being taken into account, the child is just as well kept indoors for two or three months at least. If the season is mild and dry, it may be taken out on sunny days in the nurse's arms for a short time something earlier. In colder or milder climates, these estimates will vary, and by this time your problem will be solved.

(4) The teething ring—to bite, not to chew on—is much used, and seems to comfort the infant at times. Occasionally the child may swallow air in using it, and so cause colic, but, as a rule, we think it rather a matter of indifference if the ring be of a perfectly clean and smooth substance such, say, as ivory.

Styes.

To the Editor of BABYHOOD :

Our little girl is fourteen months old, and has always been quite well. I weaned her at eleven months, and she has since lived on bread, milk and gruel of Quaker oats. Lately I have cooked the oats longer and fed to her without straining.

She has had twelve styes or little boils on her eyelids. They commenced to come about six months ago, a little before I weaned her, and just after the first teeth had come through; she now has eight teeth. During the last few months she has grown thin, but of late seems to be "picking up" again. She has also been constipated at times and often has a vile breath. All but two of the styes came on the tips of her lids, both upper and lower, and have caused her to lose nearly all of her eyelashes. The last two styes seemed more serious than the others. One was almost on the side of her nose and was opened four times, twice by myself and twice it burst open as she hit it with her hand, each time discharging much matter. I have consulted three physicians but they have not helped her.

(1) Can you tell me the cause?

(2) How can I help her?

M. A.

Denver, Colo.

(1) The ordinary causes are local inflammatory irritation, acting upon a system deranged in some way, especially when the patient suffers from anæmia (thinness of blood,) or is of scrofulous habit.

(2) The general condition must be looked to. The diet should be examined to ascertain if it be well digested. Iron may be needed or cod oil may be. Locally the prompt opening of styes as they occur is very useful. Some of the products of the inflammation may not be discharged as pus and later on excite further irritation or remain as an indolent mass in the lids. These are the general principles of treatment. Although you have con-

sulted three physicians, we still think that you will do better to try again than to attempt domestic treatment. Pick out one physician and continue with him long enough to find out what he can do, and to give him some interest in his little patient.

Meat Diet; Sea Bathing at Two Years.

To the Editor of BABYHOOD:

I have a little nephew two years old last December, who is a healthy child, but requires very great care in the matter of diet and avoiding excitement. On his second birthday he weighed only 26 pounds, with his clothes on, but is not thin, and has firm flesh and good color. He is a very small eater, and capricious in his tastes, preferring meat and fruit to anything else. Of meat he has had a small quantity of beef, mutton or chicken once a day, and of fruit only orange juice and cooked apple, and would like best to eat nothing else. He absolutely refuses oatmeal, but eats a little of other cereals. As warm weather approaches, we fear the meat and fruit which agree with him now may have to be given up, and do not know how to make him take enough food. He does not like milk, but drinks a little, and as we live in the country we can be sure of good quality. He lives healthfully in every way as far as we can see, and is accustomed to going out daily in almost all weather. Would you advise a tonic, and if so, what? Will you make any suggestions for his diet? He likes platter gravy on his bread, but not broth.

As his mother will probably take him to the seashore in the summer, where the water is mild, would you advise sea-bathing for him?

AN OLD SUBSCRIBER.

Worthborough, Mass.

It is not well to allow a child of his age much meat. He must be coaxed to eat more bread and to take more milk. Eggs will take the place of meat or milk to a certain extent. For details of dietary the little pamphlet by Dr. Holt, reprinted from BABYHOOD, will help you.

He may bathe if the water is warm and he can do so without alarm, but these are both important points. The water must be warm enough to permit the child to promptly react after bathing.

Diet at Sixteen Months; Milk-Producing Foods.

To the Editor of BABYHOOD:

(1) Will you tell me how much I ought to feed my sixteen months old boy, and if four times a day between 6.30 A.M. and 6 P.M. is often enough? I have fed him one quart of milk with the addition of a pint of oatmeal water, made from about three tablespoonfuls of oatmeal, each day; also after each feeding he has a small slice of Graham bread. How soon ought I to give him more solid food? He has eight teeth. He has always been inclined to constipation and the oatmeal water does not seem to remedy that difficulty.

(2) Will you also tell me what you consider the best thing to make milk for a nursing mother? What do you think of the comparative value of

pure milk, cocoa, gruel, weak ginger tea, meat broths and tea? FAITHFUL READER.

Norwich, Conn.

(1) The diet is probably sufficient, and will be until the summer heat is over. If he is hungry, increase the quantity. If he is very constipated, a little oatmeal porridge might be substituted for the bread at one feeding. But while the child has no chewing teeth—we suppose the eight mentioned are incisors—it would be poor policy to give him more solid food. If you wish to vary, give chicken or mutton broth in place of milk at one feeding.

(2) We have little faith in anything but a good, nutritious general diet. But often the digestion is not very strong, and then nutritious and easily digested foods are called for. For most people, milk is the best of these. Cocoa is useful from its nutritive value; so are meat broths and gruels if made with milk. Ginger tea and tea have whatever value comes from the milk and water in them; the ginger and the tea, by themselves, have no value. All liquids tend to increase the bulk, not the quality, of the milk supply.

Pinworms; Objections to Mashed Potatoes.

To the Editor of BABYHOOD:

(1) Our baby is a year old, and has always been very well and strong. A few weeks ago, however, I found she was troubled with pinworms. I used injections of aloes, and they soon disappeared, but after a few weeks returned, but under the same treatment she is free from them again. I would like to inquire the cause of these little pests, and if there is any way to get rid of them entirely? I had supposed worms were caused by improper food, but as Baby had never taken anything besides breast milk, that idea was discarded.

(2) Why is potato considered improper diet for a child until about two years old?

A short time ago a mother, through your columns, complained of undigested milk being in her baby's stools. I had the same anxiety and trouble with our baby until I began to use the White Rock Waukesha Mineral Water for my drink, and also gave it to Baby, and it entirely cured the trouble. Vincennes, Ind. K.

(1) The cause of pinworms is always the introduction into the body of worms or their eggs. The worms may crawl from one child to another, while the eggs are obtained in various ways. They may cling to the finger nails of another child who has the worms and who has been scratching its seat; they may be upon articles which the baby has access to, and so on indefinitely. Dogs often are sources of infection, especially if they are allowed to lick a child's face or mouth. We cannot, of course, tell the source of infection in the case of your baby.

(2) Because it is ordinarily difficult of diges-

tion for a young child in any shape. When a child begins to eat a potato, it should not be ordinary mashed potato but a baked potato well broken with a fork into loose masses.

Revolving Fan.

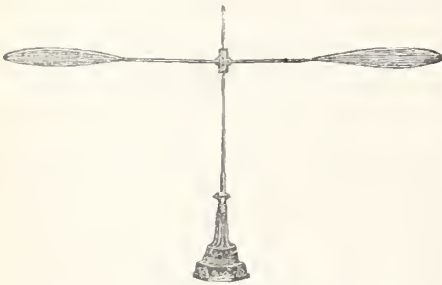
To the Editor of BABYHOOD:

Can you kindly inform me if it is possible to find anywhere for sale, at a moderate price, a fan moved by clock work, which would prevent the air in rooms from becoming lifeless, as air seems to need movement in order to preserve its life just as water requires agitation to prevent its becoming stagnant? The electric fans that are being put into large establishments are entirely too costly for most private houses. What is needed is something cheap and portable. Such a fan would be a boon not only in many cases of illness, but also for comfort in our hot seasons. We are very lavish in our expenditures for keeping ourselves warm by artificial means in winter, but spend very little to keep ourselves cool in summer.

R. N. T.

Cambridge, Mass.

A revolving fan, like the one illustrated, may be obtained of leading hardware dealers in large cities, or direct from the manufacturers, Matthai,



Ingram & Co., Baltimore. Price, \$2.50. It will be found of use as a fly disperser, although we doubt if it is powerful enough for affecting the air to any considerable extent.

Glycerine Suppositories in England.

To the Editor of BABYHOOD:

I should be much obliged if you would kindly inform me if there is any place in England where one can obtain the unmedicated glycerine suppositories spoken of so frequently in your most valuable magazine, and I would respectfully suggest that where similar information is given with regard to the United States, it should be followed by the same for England.

FRANK LETHBRIDGE.

Honfleur.

British Vice-Consul.

This inquiry was referred to Burroughs, Wellcome & Co., the manufacturing chemists of Snow Hill Buildings, London, who replied that they prepared glycerine suppositories, each containing 15 minims of glycerine. These suppositories are put up in boxes of 1 dozen, the retail price being

two shillings and sixpence per box. The firm also stated that they only supplied the trade and medical profession, but that the suppositories could be obtained of any respectable chemist.

Condensed Replies to Various Letters.

H., Stamford, Conn.—If you are both doing well you had better not wean until after the heat. If the breast proves insufficient add one or more meals as necessary of "cream food." The Arnold Sterilizer is the best.

An Anxious Mother, Black River, Jefferson Co., N. Y.—Unless obliged to do so, it is not wise to wean after hot weather begins, which is usually in our climate in June. Do not let your child have potato for another year; he will probably take milk well enough after he is weaned.

Subscriber, Willoughby Avenue, Brooklyn.—The question of vaccination is scarcely an open one. Unless you can get a good physician to give a reason why the child should not be vaccinated it ought to be done. Most of the alleged bad results of vaccination are simple coincidences, not results at all. Your physician's opinion was unbiased. Your friends have probably fallen into the error alluded to.

An Old Subscriber, San Francisco, Cal.—The trouble is very common indeed in infancy and is very apt to persist until the child is old enough to properly digest a mixed diet. The injections recommended by your physician are excellent. So are glycerine suppositories. It is far better in our judgment to continue them for months or years than to allow the constipation to exist.

Mrs. P., Logan, O.—If your baby is not already weaned, we think it will probably be safer to go through the summer on the breast, with additional feeding, if necessary. Our May number was printed before you wrote. There is little change in Baby's wardrobe on account of season in the first year, for the average house temperature from artificial heat in winter is nearly the same as from the natural heat in summer. We think that a loose, light gauze, woolen or thin flannel garment should always cover the body, and over it as little or as much as the temperature demands. Two things are to be kept in mind, the protection of the bowels to prevent chilling and the looseness of the garment worn next the skin, as tight ones irritate a perspiring skin.

S. W. L., Newport, R. I.—It is impossible to answer your questions except in a very general way. As you tell only the evidence of health we cannot tell whether there is rickets present or not. It is possible, but the wise plan is not to worry about it while the child seems to be well. The symptoms of slight rickets require a careful examination by a competent person, and a diagnosis cannot be made at second-hand. In a well marked case it is different. She did take at first a great deal of food, and took pure milk much earlier than is usually safe. The gruel was an improvement and seems all right, as to strength. Ordinarily eight ounces are enough, but if you are in doubt why not go once more to the physi-

cian who seems to have advised you wisely before? A child may sit in the carriage out of doors when it can get up by itself, provided the person who wheels it is a very careful one.

A Young Mother, Newtonville, Mass.—You would better not increase diet in hot weather in variety. You may give a greater quantity. The chief difficulty of the food you are using is the want of fat. If you can easily get a little sweet cream to add to the milk it might be of advantage, but if she is doing well let the food alone. The soap suppository is all right. If she had two movements daily it would be better, but one will do if the second cannot be obtained easily.

Subscriber, Danielsonville, Conn.—With a renewed pregnancy the breasts usually develop again. We have seen many cases where more severe damage than in your case was done, and the breast glands subsequently gave an adequate or a partial supply for another child. We think the best plan is not to irritate them with stimulating manipulations, but to allow a long rest between pregnancies for them to recover from the effects of inflammation.

Inexperienced Mother, Lerna, Ill.—The duration of the discharge after delivery varies very much in normal cases. Usually it is nearly done in a fortnight, but it may continue fitfully for a considerably longer time. If the natural periods return there is no way of stopping them, so they must be "allowed to continue." The only sure evidence of the existence of twins before labor is the finding of the sounds of two foetal hearts. Oil

or vaseline may be used indifferently in making the infant's first toilet. The band is usually a strip of tight flannel 5 or 6 inches wide, 18 to 24 inches long.

Mrs. B. C., Kolu, Japan.—Your baby's condition is by no means a rare one, and your physician's opinion regarding him seems to be a sound one. If you can obtain in Kolu the means of peptonizing his food we believe that he would assimilate it better.

Reader, Short Hills, N. J.—Nurse the baby entirely if you think you have enough milk to get on alone. If not give her milk diluted with hot water, half and half, at first, increasing soon the proportion of milk if it is well borne. Add to each bottle a tablespoonful of lime water. There will probably be no difficulty in having the city for a residence, supposing you to have a vacation. For the first few years a healthy country residence has a great advantage over a city home, but the adjective "healthy" must be kept in mind. The city has one kind of perils, the country another.

Mrs. J. B. M., Eaton, Colo.—By the time this reaches you your baby can probably take milk with but one part of water to two of milk with a little lime water, say a tablespoonful to each bottle. If her stools are too firm use strained oatmeal gruel in place of water.

Young Mother, N. Y. City.—Such an eruption is probably transient. You are doing enough for it already.



CURRENT TOPICS.

For Poor Sick Babies.

IN order to meet the exigencies of its increased and enlarged work the Fresh Air and Convalescent Home at Summit, N. J., has opened an office at the Charity Organization rooms, No. 21 University Place, and established as its representative Miss Louisa Houghton, who has been well known for prompt and efficient work in other societies. Miss Houghton will superintend the "Convalescent Department" in this city, arranging for the patients to be sent, and, when not otherwise provided for, making efforts to obtain from charitable persons the funds with which to defray the expense of each case at the Home. The money received from the Stanley reception in the fall has been used for enlargements and improvements in the buildings. This means an enlarged work and great need of more

funds to meet the expense of caring for so many more patients.

Among the noblest efforts made by this Society has been caring for sick and suffering infants. They have often been brought to the Home at death's door, and in every case have been sent away restored to health. The babies disturb the other patients at night, and for this reason many have to be refused admittance. It seems imperative that a separate cottage should be built for their accommodation, and for a fund toward this purpose an appeal is made. Hot weather is drawing near, and a cottage soon provided might restore many children, battling for life after summer ailments, who would otherwise have to be refused admittance.

All gifts may be sent to Mrs. Geo. M. Grant, Treasurer, Summit, N. J.

The Sandman.

BY MARGARET VANDEGRIFT.

THE rosy clouds float overhead,
The sun is going down;
And now the sandman's gentle tread
Comes stealing through the town.
"White sand, white sand," he softly cries,
And as he shakes his hand,
Straightway there lies on babies' eyes
His gift of shining sand.
Blue eyes, gray eyes, black eyes, and brown,
As shuts the rose, they softly close, when he goes
through the town.

From sunny beaches far away—
Yes, in another land—
He gathers up at break of day
His store of shining sand.
No tempests beat that shore remote,
No ships may sail that way;
His little boat alone may float
Within that lovely bay.
Blue eyes, gray eyes, black eyes, and brown,
As shuts the rose, they softly close, when he goes
through the town.

He smiles to see the eyelids close
Above the happy eyes;
And every child right well he knows,—
Oh, he is very wise!
But if, as he goes through the land,
A naughty baby cries,
His other hand takes dull gray sand
To close the wakeful eyes.
Blue eyes, gray eyes, black eyes, and brown,
As shuts the rose, they softly close, when he goes
through the town.

So when you hear the sandman's song
Sound through the twilight sweet,
Be sure you do not keep him long
A-waiting on the street.
Lie softly down, dear little head,
Rest quiet, busy hands,
Till by your bed his good-night's said,
He strews the shining sands.
Blue eyes, gray eyes, black eyes, and brown,
As shuts the rose, they softly close, when he goes
through the town.

—From "*Under the Nursery Lamp.*" Anson
D. F. Randolph Co., New York.

Prevention of Contagious Diseases.

THE past history of the prevalence of contagious and infectious diseases in our State, in common with that in other States, is substantially as follows:

One case or a few cases of diphtheria or scarlet fever appear in a family or a school. The origin may be importation, or it may be unknown. The first persons affected are not sufficiently secluded; the disease spreads to other pupils in the school, to other members of the same family, to other families, to a large part of the community or the town, to other towns; and the result in lives destroyed, in suffering from illness, in watching and anxiety, in time lost and in money spent, is sometimes appalling.

Fortunately the popular judgment is fast coming to recognize the fact that there is a human responsibility in these matters; that if infectious diseases are allowed to spread from their first points of appearance, somebody is to blame: the patient, friends, boards of health, the community at large.

It is a fact, which has been shown again and again in the experience of physicians, nurses and health officers, that those diseases which we call infectious or contagious may be prevented and restricted; and that their spread and prevalence is in very close relationship to the amount of ignorance of this fact, or want of regard for it, which prevails in a community.

A person comes, therefore, naturally to be regarded as blameworthy, even criminal, who neglects or refuses to take those precautions which are necessary to prevent the spread of infection from himself, or from those under his charge, to others. The man who raises his hand against his fellow-man with a weapon is held as a criminal under the law. Is it not also criminal needlessly to expose others to the poison of a dangerous disease, which he carries, or probably carries, in his person or clothing? Jurists have answered as follows:

If a man, conscious that he carries about with him the germs of a contagious disease, recklessly exposes the life and health of others, he is a public nuisance and a criminal, and may be held answerable for the results of his conduct. If death occurs through his recklessness, he may be indicted for manslaughter. It is held that where a man knowingly communicates a contagious disease to another and death results, the crime is that of manslaughter. The man may be indicted also for spreading the disease by conscious exposure of others thereto, by his presence in public places, such as on the streets, in halls, etc."—*Judge Dixon, of New Jersey.*

We feel certain that every good citizen also will answer "yes," and be willing, when, at rare intervals, he or those under his charge suffer from contagious diseases, to take pains that no careless act of his may be the possible death-sentence of some other person.—*Circular of the State Board of Health of Maine.*

Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

JULY, 1891.

No. 80.

DIFFICULT DENTITION.

BY DAVID WARMAN, M.D., TRENTON, N. J.

THE subject of difficult dentition and lancing the gums during the process of teething has been brought prominently before my mind recently by the refusal of a mother to have her child's gums lanced, on account of the popular prejudice that prevails among the laity against this trifling operation.

To endeavor to correct this erroneous opinion and to show that the operation is not only a justifiable and proper procedure when indicated, but that it saves much suffering and in some instances the life of the child, is my object in writing this paper. I shall also endeavor to point out what is really ascertained in regard to the relation of dentition to disease.

Eruption of the Temporary Teeth.

At about the sixth month after birth the process known as the eruption of the teeth begins—a double process consisting of the gradual elongation and rising of the teeth, and the coincident absorption of the hard and soft tissues overlying them. The alveolar borders are the first to show signs of the absorptive process by a dissolution or melting of their approximated edges, thus gradually making a wider space for the advancing teeth. These rising sockets—the roots meanwhile lengthening—press upon the overlying gums, which, becoming thinner and thinner, finally allow the escape of the imprisoned teeth. It is not, therefore, as the common expression of “cutting the teeth” would indicate a process of laceration, tearing or cutting, but of removal of impeding tissue by

absorption, which allows the passage of the teeth through the gums.

There is no *absolute* uniformity either as to the time or the order of eruption. Generally speaking, the rule is that the lower teeth precede the upper of the same class two or three months; but not infrequently it happens that the upper precede the lower by the same difference in time.

Difficult Dentition.

The eruption of the teeth is a natural process, which, under conditions in every way favorable, may take place with little or no disturbance or discomfort to the child. When the growth of the teeth and absorption of the gums proceed in perfect accord, the teeth may be erupted without attracting the attention of even a watchful mother. But comparatively few such instances occur. It is rare for a child to pass through the period of dentition without more or less manifestation of suffering, and frequently there are serious and alarming disturbances of its health. The part which dentition bears in the causation of disease is not fully ascertained. We know that the opinion formerly entertained in the profession, and still prevalent in the community, that a large proportion of the affections of infancy arise directly or indirectly from it, are erroneous.

People commonly speak of dentition as a cause of disease. It is a well known fact that this is the period of greatest mortality among children. It is true also that during the same period other and important changes are taking place in the organization

of the child, especially in the stomach and intestinal tract. The changes which we perceive while the child is being prepared to receive and digest solid food may be said to be coincident with the development of the teeth. Doubtless, these concurrent changes exercise their full share in producing constitutional disturbances at this epoch. This, however, makes it only more imperative that the child shall have more than usual hygienic care and freedom from all avoidable disturbing influences; for whatever tends by modifying the general health unfavorably to lower the resisting power of the organism, may readily convert the natural, and otherwise easy course of dentition into one of pain and danger. There is certainly during dentition an increased susceptibility to nervous and digestive troubles, requiring more than ordinary watching of the child on the part of the mother. Causes that at other times have no appreciable effect, may then be fraught with danger. An exposure to cold, an attack of indigestion, anything which introduces inharmony into the functions of the animal life, may result in a disturbance of the process of dentition.

Difficult dentition may therefore be charged with causing or at least with aggravating various disorders, as these on the other hand may be reasonably suspected of interfering with the natural eruption of the teeth. It is certainly unsafe to ignore the complications possibly due to dentition, if any derangement of the health of the child occur during the period when the teeth are erupting.

A moment's reflection will show how important it is to understand the exact relation of teething to infantile diseases. Every physician is called now and then to cases of serious disease, inflammatory and others, which have been allowed to run on without treatment, in the belief that the symptoms were the result of dentition.

I have known acute meningitis and enterocolitis overlooked during the very time when appropriate treatment was most urgently demanded—the mother, friends, and even the medical attendant deluded with the idea that the child was only teething. Many lives are lost in this manner, especially from neglected

inflammatory diarrhea, the diarrhea being supposed to be simply symptomatic of dentition—a relief to it, and therefore not to be treated. Such mistakes are traceable to the erroneous doctrine long inculcated in the schools and among intelligent mothers, and friends, that dentition is directly or indirectly the cause of a large part of infantile diseases and derangements.

Symptoms of Teething.

At the commencement of the eruption of the teeth there is generally an increased flow of saliva, which keeps the mouth moist and cool. When the irritation increases and the mouth becomes hot and dry, other derangements are likely to follow. The child becomes feverish; constipation or diarrhea ensues—the latter, if not too severe or too protracted, being beneficial, however, rather than hurtful, but requiring, nevertheless, great care that it does not itself become a source of danger.

An unusual redness of one or both cheeks, sometimes changing from one to the other, is a frequent symptom of nervous disturbance. Eruptions are apt to appear usually on the cheeks, but sometimes on the head, or even over the whole body, and ulcerations on the tongue, gums, lips, or on the inside of the cheeks.

Itching of the nose, twitching of the muscles, dilatation of the pupils, uneasiness and fretfulness, restless sleep or wakefulness, thirst and loss of appetite, are evidences of increasing irritation, which, if not relieved, will be followed by more active manifestations. The child becomes cross, resentful, moans when asleep, cries persistently when awake, or, if quiet for an instant, will be found chewing its thumb or fingers, which operation seems to afford a momentary cessation of anguish—but only momentary. It throws down its toys as though in a passion, refuses to be amused, and treats all efforts to divert it as an indignity; it compresses its lips, corrugates its brows, shows an intolerance of light, pulls at its hair or ears, slaps or scratches its nurse, refuses its food or vomits it as soon as swallowed.

Further manifestations of increased con-

stitutional disturbances are likely to appear in persistent and copious diarrhea, nausea, high fever and not infrequently convulsions. There is reason to believe that earache is often associated with and dependent upon the difficult eruption of one or more teeth, and that, apart from the aggravation of the fever and the increased liability to convulsions incident to this added anguish, there is also the possibility of the loss of hearing (entailing in young children the loss of speech) from the congestion and inflammation which result. But this is not the only, indeed not the chief, danger; the inflammation is liable to extend to the membranes of the brain and end in death.

The facility with which an irritation originating in the mouth may be continued to the ear, and thence to the brain, can only be understood by a recognition of the intimate relations which exist, especially in the infant, between the parts concerned and the elaborate nervous connections. The danger, however obscure, is none the less a real one, and should never be lost sight of in the treatment of a child suffering from teething.

Relation of Dentition to Disease.

I shall now endeavor to point out what is really ascertained in regard to the relation of dentition to disease, as observed by clinical experience.

The usual indications in the mouth of the advancement of the teeth are increased heat, redness, swelling and hardness of the gum, and later, the peculiar whiteness caused by the pressure of the coming tooth. Sometimes the swelling takes the form of a little tumor, like a boil, on the edge of the gum; in other cases an ulceration will form over the advancing tooth. In all such conditions the gums are very tender; so sensitive, that the lightest touch will cause pain, and the child, on attempting to take the breast, will jerk back its head, a maneuver which is frequently mistaken for an evidence of colic.

A little watchfulness on the part of the nurse will enable her to distinguish the difference between the indications of the two troubles.

Sometimes, however, the irritation of dentition may produce the most serious constitutional derangements without any *local* manifestation. That such may be the case is apparent when the condition of the parts concerned is understood.

The troubles of dentition are caused to some extent, doubtless, by the direct pressure of the advancing teeth, and the consequent irritation of the nerves of the gums, but this is not the only, nor is it indeed believed to be the principal, factor in the disturbance.

It must be borne in mind that at the time of eruption the roots of the teeth are not yet complete; that instead of the conical termination and minute opening which characterize the root of the perfected tooth, the aperture is quite large, and its edges thin and sharp. In estimating the mischief, therefore, which may result from a lack of accordance between the eruption of a tooth and the absorption of the tissues which impede it, we may imagine the sensitive nerve—which, when exposed by decay, is so intolerant of contact even with the atmospheric air—held between the long socket and the sharp edge of the incomplete root by the backward pressure of the resisting gums, thus giving rise to a true toothache, comparable only to that exquisite torture which is experienced in after life from an exposed and irritated pulp.

Some children previous to the eruption of the teeth are affected with diarrhea, occasionally accompanied with irritability of the stomach. Certain writers have supposed that gastro-intestinal inflammation is present in these cases, others that there is simply a hyper-secretion, an increased activity of the intestinal apparatus, that this is in other words one of the forms of non-inflammatory diarrhea. It would then be analogous to that form of diarrhea which occurs in the adult from the emotions. Bouchut calls the diarrhea of dentition nervous diarrhea. It is certain, however, that in most cases of diarrhea which are attributed to teething, there are other causes, such as unsuitable food, or residence in an insalubrious locality. It is certain as regards city infants that the chief causes of diarrhea during dentition are strictly anti-

hygienic. But when, as sometimes happens, at each period of dental evolution the infant is affected with diarrhea, the influence is apparent. Among the most common pathological results of difficult dentition are certain affections referable to the cerebro-spinal system.

Some writers attribute convulsions in the teething infant to excitement of the nervous system arising from the pain which is felt in the gums, and to a determination of blood toward the dental apparatus, in which the vascular system of the head participates. In most cases of convulsions occurring during the period of teething, a careful examination discloses other causes in addition to the state of the gums. Difficult dentition must then be considered not so frequently a direct as a co-operating or predisposing cause, producing a sensitive state of the nervous system. In exceptional cases convulsions occur mainly from dentition, or if there are other causes they are quite subordinate. This may happen when several teeth penetrate the gum at the same time. The opinion has been prevalent that painful and difficult dentition is one of the chief causes of infantile paralysis, but it is now commonly admitted, I believe, that it is only a subordinate or remote cause, if indeed it is proper to consider it as a cause at all. Some express the opinion that acute meningitis occasionally results from teething. The facts, however, that are relied upon to prove this are uncertain. The occurrence of meningitis during dentition is probably in most instances a mere coincidence.

Teething less frequently disturbs the respiratory system than either the digestive or cerebro-spinal. Eczema and certain other skin diseases are common during dentition, but their dependence on it as a cause has not been demonstrated. I can now call to mind two cases of acute eczema occurring during dentition that the attending physician told the mother would not get much better until the child got all of its teeth.

When similar symptoms arise at each epoch of teething, and subside with the subsidence of the turgescence, teething must be recognized as the cause; or, if the disease is such

as is known to be produced occasionally by difficult teething, and, if after a careful examination, we can discover no other cause, while the gums are swollen, especially over two or more teeth, it is proper to refer the disease to dentition. It is evident that we must often be in doubt whether the disease which we are treating is due at all to the state of the gums, or if so, whether directly or indirectly, or to what extent, but, as a rule, if any other cause is apparent, we may properly regard the influence of dentition as quite subordinate. It is obvious that remedial measures in cases of difficult dentition are two-fold, namely, those directed to the state of the gums, and those designed to relieve derangements or diseases to which dentition may have given rise. If there is diarrhea that should be controlled by proper remedies so as to reduce the number of discharges to two or three daily, I think it is well to state to the friends of the child who believe that the diarrhea is salutary during the period of teething, that this number is quite sufficient and that frequent evacuations will endanger the safety of the child.

Therefore in all these cases we should not fail also to examine the state of the gums, and adopt such measures as will diminish the tenderness if not the swelling. Demulcent and soothing remedies are recommended by some. The infant should be allowed to hold in its mouth an india-rubber or ivory ring, which by pressure upon the gums gives considerable relief, but never for obvious reasons allow the child to suck its fingers or thumbs.

Mothers will often attempt "to rub through a tooth," as they term it, by means of a ring or thimble. This, I think, should be discouraged; so great a friction cannot fail to have an injurious effect by increasing the swelling and inflammation, unless the tooth has already reached the mucous membrane.

Scarification of the Gums.

We now come to a subject that has induced me to write the foregoing pages, I refer to *scarification* of the gums.

It is not difficult to comprehend that when

the gums are tense and swollen a free division of the gum over the tooth or teeth thus situated may by removal of the pressure give immediate and complete relief. This simple operation of dividing the gum over the teeth which are next in the order of eruption is surely justified by local manifestation such as has been specified; it is also suggested by the occurrence of the usual symptoms of difficult dentition, even when there does not exist a single local indication in the mouth. Under such circumstances it would seem proper to give the child the benefit of the doubt by free incisions over the teeth whose eruption is, in accordance with general experience, to be anticipated, especially as the operation causes only a trifling amount of pain, inflicts no injury, and is practically free from danger.

The consequent relief is much more than sufficient to counterbalance the pain. Often the itching and pain of the gums are so intolerable that the impression of the lance is agreeable. I have known my own child to lay his head upon my knee, and ask me in a pleading way to cut the gums, and close his jaws on the instrument and press it into the gum with evident satisfaction.

Objection to Lancing the Gums.

There are three objections generally made against scarifying the gums which be may be summed up as follows:

First, the pain and struggling of the child. Second, the increased difficulty of teething arising from the cicatrix or scar. Third, the danger from hemorrhage and that it is liable to injure the developing tooth. The first objection named has already been answered. The pain is trifling and hardly worthy of notice. The complete relief to the infant which so often follows the operation that the relation of cause and effect is apparent to every unprejudiced observer, finds answer also in the testimony of every adult who has experienced the comfort resulting from the employment of the lancet in the case of difficult eruption of a wisdom tooth. That the amount of pain inflicted is but little, may be inferred from the readiness with

which a child old enough to appreciate conditions submits to the operation after it has once realized its benefits.

Struggling of the child is of far greater importance, especially if the operation is bunglingly done, as is often the case. There is but one right way of doing it, namely: Take your position behind the child, as it rests on the mother's lap in a proper light, and placing your knees toward its back, draw its head down between them. Let the mother hold the infant's hands. What with your knees and two hands, the head is now completely under your control. Grasp it between your two palms, and as the child opens its mouth to cry—which it is almost sure to do—thrust one or two fingers of the left hand into the mouth to keep the jaws apart, and use the lancet with the other hand. By this method you have the most perfect control of the head, and can cut exactly in the right spot, and to the extent you desire.

I am thus precise in the description because I have so often seen the operation so awkwardly undertaken as to fail of its purpose, and to threaten serious wounding of the child's mouth. In some cases it is sufficient simply to relieve the distension by scarifying without cutting down on the tooth. The loss of a few drops of blood in this way is often eminently useful, aside from any topical effect.

The second objection, namely the cicatrix or scar, is scarcely worth a serious refutation, and is as unfounded as it is common. Even though the wound made by the lancet should heal completely before the eruption of the tooth, the scar tissue is less instead of more resistant than the original structure, and is easier of absorption. This fact is illustrated by the readiness with which a "cracked lip" in winter cracks again in the same place, although seeming to have been perfectly healed. Repeated incisions have therefore an effect opposite to that which the popular mind ascribes to them. By weakening the vitality of the tissues they facilitate the exit of the tooth. The idea of a callus or induration as attached to the cicatrix is probably fallacious. I have never observed

any induration of the gums after lancing, perhaps because they heal so speedily and are kept constantly moist.

The liability to serious bleeding from such use of the lancet is so small that it is not worth considering as a danger in comparison with the vastly greater risk incurred by its non-employment when indicated.

I shall therefore conclude with expressing my belief that the irritation of the gums in infants from difficult dentition and the resulting pain and suffering, together with the possibility of more serious complications and results, render under all circumstances the lancing of the gums justifiable without regard to consequences.



A MEDICAL DISCUSSION ON THE PREVENTION OF DIPHTHERIA.

BY LEROY M. YALE, M.D.

THE section of Pædiatrics (diseases of children) of the New York Academy of Medicine, recently discussed the question of prevention of diphtheria. The discussion was in considerable degree technical, but some points of general interest which were brought out were the following. These while not at all new came with increased force on account of the position of the gentlemen who joined in the discussion.

First, the importance of keeping the mouth and throat in as good a condition as possible to resist infection was dwelt upon. It is well known that common disorders of these parts favor the development of diphtheria. Therefore, the constant cleansing of the mouth and gums by the ordinary brushing and by mouth-washes is of preventive value. Still more useful is the daily cleansing of the throat and nose by a spray of an antiseptic liquid. Again, the pertinacity with which the special poison of diphtheria clings to fabrics was emphasized. So far as possible no person should go from the room of a diphtheritic patient to a child who is free of

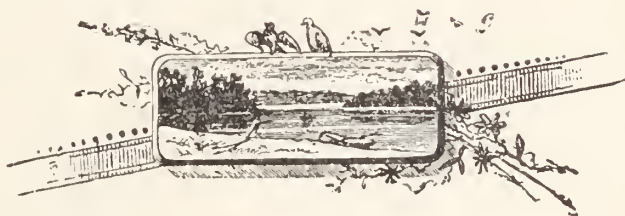
the disease, or if, as is sometimes the case with physicians, it is quite necessary to go, he should change or disinfect his raiment. Under no circumstances should bedding or clothing used about a diphtheritic patient be allowed to go elsewhere undisinfected. The fact that sometimes domestic animals act as carriers of this disease should forbid their being admitted to the sick room, nor should a sick animal be allowed near a child. Still further, the tenacity with which the poison clings to the patient's person makes it necessary that a person recovering from diphtheria should be isolated for a month at least.

A point upon which considerable stress was laid was the activity of schools as propagators of contagious disorders, diphtheria not the least of them. Children are often allowed to return to school much too soon after recovering, and carry with them the contagion of this particular disease. The proposed method of protection against this danger was the obliging of a private school to submit to daily medical inspection, in order that any such disease should be at once

recognized, the patient sent home, and the others saved from exposure. The public schools are guarded to a certain degree, while the private schools are without protection as such. They depend for safety upon the intelligence and conscientiousness of their patrons in calling for and following the advice of their own medical advisors. We are sorry to say that many persons from whom better things might be expected, very

light-heartedly risk sending their semi-convallescent children to school rather than have them and their brothers and sisters deprived of tuition or kept at home for any inconvenient length of time.

Our next number will contain an article on diphtheria by Dr. J. Lewis Smith, one of the most eminent of the medical authorities who took part in the discussion above referred to.



HEREDITARY MENTAL TRAITS AND HOW TO MEET THEM IN TRAINING CHILDREN—III.

BY WILLIAM E. LEONARD, M.D.,

Professor of Materia Medica and Therapeutics, College of Homeopathic Medicine and Surgery, University of Minnesota.

IF any one engaged in training children has any doubt that mental traits are largely inherited let him consider these well authenticated facts: The "Tribe of Ishmael," a family that located in Indianapolis in 1837, was traced back to Bowling Green, Ky., in 1790. In their fourth generation there were 557 individuals, these, almost without exception, being either criminals or paupers. The sixth generation of the descendants of Margaret Jukes, a depraved Englishwoman, consisted of 709 persons, a great majority of whom were murderers, thieves, prostitutes and idiots.

Edward Bellamy has been much ridiculed for his idea, in "Looking Backward," that all criminals are examples simply of the law of atavism—*i. e.*, "the recurrence of any peculiarity or disease of an ancestor in a subsequent generation, after an intermission for a generation or two" (Webster)—and that therefore they should be treated as sick people in

hospitals, rather than be shut up and worked as beasts of burden, as at present. His theory has everything to substantiate it in what is already established in heredity; only, perhaps, he has caused the ultimate stage of development to eventuate too soon in the history of the race.

Because mental states are transmitted with quite unerring regularity, such philanthropists as the late Charles Loring Brace, Rev. W. S. Rainsford (see his article in the April *Forum*) and many others, believe in beginning with the children in order to accomplish anything radical in true reform.

So much for the striking facts that call attention to mental heredity; now for some details of interest to the mothers of the oncoming generation.

Mental Influences Before Birth.

A proper beginning of our subject suggests a homily upon the great care that mothers

should exercise over their conditions of mind before the baby is born. A mother who allows physical ailments to make her continually cross, scolding or unreasonable, during these months, may thereby be giving her offspring a very undesirable heritage. Anger often indulged in, peevishness, or melancholy, however legitimate under the circumstances, should be avoided. All the home influences should be those of harmony, peace and love. Here the husband may fulfill a very manly duty by contributing to the cheerfulness and happiness of the mother in every possible way. Little acts of tenderness and kindness at this time may be reflected in the newcomer. In a world in which the most real, lasting thing is love, it is the solemn duty of the parents to foster it between themselves especially at this time. By so doing, the "little bundle of love" sent down to them from above will have the original blessing of affection which every baby brings with it re-enforced and strengthened, and made more lasting.

First Impressions.

Whatever the theories of physiologists and psychologists concerning the capacity of the unborn child to suffer pain, receive impressions, &c., practically, we know that the first impressions of the new-born infant are painful ones. All its imperfect senses are at once besieged by strange experiences, and its wails betoken that these are painful. Lucretius, the Latin poet (94 to 50 B. C.), thus aptly describes the entrance into life:

"A child at its birth, like a mariner cast ashore by the angry waves, lies prostrate on the earth, naked, speechless, destitute of all aids to existence, from the moment when it reaches the shores of light, torn from its mother's bosom by the efforts of nature; and it fills the place it has entered with dismal wailings."

To the accoucheur these are welcome sounds because they tell that the child is alive. He forgets oftentimes that they signify suffering upon the part of the new-comer. With most babies these painful experiences, unless long fasting by the mother or unusual vigor on their own part makes them continue

their cries because of hunger, are quickly followed by an exhausted sleep. Again the fatigue and distress of being washed and dressed brings more sleep. But within a few hours after birth urgent hunger arouses them, generally with a cry, and not until this is satisfied, most naturally at the mother's breast, do they regain the feeling of comfort and satiety so long their habitual state in the womb.

For the first weeks of life, the various new experiences of sensual and purely animal life so occupy and fatigue the body that quite three-fourths of Baby's life is spent in necessary sleep. Only later does the baby give evidence of being anything more than a healthy but helpless animal.

Early Mental Life.

The first evidences of mind are subjects of extreme interest, and not at first readily observed. A few only will be outlined here as guides to the mother for the average child. The aimless, incoherent movements of various parts, as the arms, legs, and muscles of the face, seen very early in healthy children, are probably the first attempts of activity at the nervous centers.

Darwin and other observers agree that real laughter, or even a genuine smile, scarcely ever comes before six weeks or two months. The semblance of a smile that so often flits over the countenance of infants, both asleep and awake, is most often reflex from some indigestion, frequently the irritation of colic. This unpoetical but true explanation should be borne in mind by the proud mother. Laughing and sobbing both literally require practice before they come to be evidences of mental states. Tears are physiologically impossible before the twentieth day, and generally a week or two later than that.

If a baby of three months is placed quite naked, or at least with no clothing but his knitted shirt, upon his back upon the bed, each day, the resulting active exercise of his legs and arms will not only strengthen his body but aid his self-confidence and mental grasp, since he thereby gradually acquires his own physical ability, and from this knowledge

constantly gains new impressions. Too little is thought of this freedom from the restraint of clothing, as a means of development. Its necessity is all the greater because it is the only exercise the baby can get, physical and mental, excepting that of using its lungs in crying.

At six months, the baby gets great pleasure from imitating every motion about him, *i. e.*, different gestures that his hands, which he has recently recognized as an important part of his anatomy, may accomplish, and, with some, come first attempts at creeping, or even walking. These are early evidences of thought and should be so recognized, and indirectly encouraged, not by attracting his attention, but by placing little aids to his efforts in his way—a rattle of variegated colors, a rubber ball which he can push and follow, later a walking chair; but no great variety of toys, and no picture-books for some months.

It is not necessary to depict for the benefit of the observant mother the growth of her child in these matters, if she will only intelligently follow each stage and study wherein she can aid him in learning how to widen his field of activity and thought; and the most timely aid can be given from the age of six to that of fifteen months or later.

Special Instincts.

More instruction can be gained by watching the special inclinations of a child of the last mentioned age, and so supplementing his evident needs as to promote a normal development. In the matter of sleep, Perez says: "Sleep means the reparation and restoration of the forces of the body, and the incoherent activity of the dream state is a premature expenditure of the force intended for the morrow." If, therefore, the child gives evidence by cries or restlessness that his sleep is disturbed, review carefully his diet of the day before, and reform it, or exclude from his morrow the cause of any like exciting or abrupt sensations, or—a very rare cause—do not allow him to fall asleep upon an entirely empty stomach, etc.

On the other hand, says Perez, "when

dreams are light, intermittent and pleasant, when they do not hinder the complete repose of the principal organs, and when they only exercise the cerebral organ moderately and without tiring it, they are entirely negative from a physiological point of view, while at the same time they are highly favorable to the intellectual and moral development. The mind, as it were, isolates itself from the external world in order to abandon itself freely to its work of ideal incubation and digestion."

The little one's quiet life should be so full of scenes of gentleness, love and affection that these qualities enter into its dreams and so mold its waking activity. A child that is constantly in scenes of domestic differences, or children's quarrels, or is much scolded, cannot sleep thus peacefully or associate desirable thoughts in its dreams. Perez says: "According to the nature of the dreams which it has had during the night, the child is more or less cheerful during the day, more or less inclined to be good and obedient." Grown people can substantiate this fact from personal experience.

As a means of promoting good health as well as proper mental growth, nothing exceeds cheerfulness. Let the mother strive to make the days of childhood, through which we can all pass but once in this world, so full of happy memories that they can afford us in later years a gallery of delightful pictures in which we may always find solace from the perplexities of life. Thrice unhappy indeed is one who cannot recall such pictures.

Fear is an instinct born in most children and should be respected until their own reason can be brought against it. Sudden strange sights and sounds are harmful to even very young babies. Who has not seen a baby of from four to six months become agitated, grow very red in the face, breathe with difficulty, and seem likely to have a nervous spasm, at the sudden attempt of a stranger, for some occult reason obnoxious to him, to pet or fondle him?

The anger, not blind rage, of an infant, may be perfectly legitimate, as expressing revolt against the early sufferings of life, *e. g.*,

colic, teething, fever, want of air, sleep, motion, etc. The mother should not set down such manifestations to an inheritance for which she can evidently blame herself or her husband, and so leave Baby to cry it out, or even punish him; but rather should she, by tact and good sense, endeavor to understand the reasonable, though unconscious, instinct of the child, and to remove the cause of his anger.

On the other hand, outbursts of what in grown people is passion, should be speedily rebuked. I have seen a girl of six months, usually of good temper, suddenly strike her mother in the face because she did not wish to take her bottle just then and go to bed a little earlier than usual. The mother held the little hands until the storm was over, and then insisted that the meal should be taken, meeting with no resistance whatever.

Perez describes the effects of allowing such indulgence as follows: "If indulged in too frequently, it will injure the moral and physical development of the child, in whom we should always endeavor to maintain calmness and tranquillity of spirit. Outbursts of anger may have specially disastrous effects on children predisposed to convulsive maladies at an age when the muscular system is not sufficiently developed to counteract shocks to the nervous system." Every physician knows how true this is. In this connection, the mother should remember, too, that a fit of anger on the part of the nurse, or nursing mother in her own case, has often thrown the perfectly healthy child into convulsions upon taking its next meal. Indeed, so violent and subtle is the poison developed in the milk that the death of the child has been known to result in such cases. Indulgence in anger for either mother or child is always very harmful.

Jealousy belongs to small children, as well as to animals, apparently by inheritance, and should be overlooked at first, but firmly resisted as children grow older. This is best done by parents never affording an example of that emotion to their children. The infantile preference of children for father, mother, or nurse, and the little exhibitions of

jealousy arising therefrom are not to be included as lasting, for they will disappear with proper development, unless based upon strong influences exercised before birth.

Intellectual Faults.

Parents need by no means feel assured of the intellectual bias or inheritance of their children in their first three years, or even later in those of slow mental development, for the mental life is as shifting as the pictures seen through the revolving kaleidoscope. Who has not seen a child, of course one constantly under observation, develop in succession the traits of speech and thought that belong to recent known, and to one knows not how many unknown, ancestors? The scroll is slowly unrolled from week to week. The mother is almost in despair over some obnoxious tendency which repeats itself day after day, when lo! the scene shifts, and even without special correction, that idiosyncrasy gives place to one less troublesome. These more or less distinct clews of the mental make-up are all she can rely upon in anticipating the future and counteracting wrong tendencies. Early childhood, the period when occasional flashes show such traits to be latent, is the time to gently apply proper counter training.

Consider, for instance, *curiosity*. Fénelon says: "The curiosity of children is a natural tendency which goes in the van of instruction," or, as Perez prefers to say, "in the van of pleasure." This being true, do not chide the little one, or think him doomed to endless trouble through life simply because his desire to know and see everything keeps you continually gratifying his wants or answering his questions. It is curiosity that leads the baby to grasp for everything in sight and "even sigh for the moon," that makes your little boy talk constantly in interrogations, or get into all manner of mischief in the nursery. It is a method of intellectual growth common to all children of any mental capacity, and, though very troublesome, should never be punished as a fault unless a malicious element is evident. Mr. Habberton's Budge and Toddie in "Helen's Babies"

are ideal examples of this trait. You remember how little was effected by even the mild restraint imposed upon this precious pair.

The habit of untruthfulness, while very startling to the mother, by no means betokens in a young child great moral obliquity. Little ones are much puzzled by the different qualities of things, and often from ignorance and perplexity tell lies without meaning to do so. Remember, too, that a bright child will tell stories with no other purpose than the unconscious exercise of the imagination. A habit indulged by grown people that tends to still more confuse children, is that of deliberately deceiving them just for the foolish purpose of witnessing their surprise. It is a pernicious habit and always deserving of rebuke. The parents who so far forget themselves as to do this need never expect their children to be truthful. The virtue of truthfulness is so essential and the habit of lying so dangerous, that too much watchfulness cannot be taken over a child who persists in the bad habit. Do not be stern with children for unintentional faults; encourage them to confide in you, and teach them that you are greatly grieved by their mistaken statements.

Do not be discouraged because your child cannot give attention or keep consecutively employed at any one thing for a length of time. It does not imply feebleness of mental grasp or a weak will, but rather immaturity of the faculty of attention. The few observers in this field conclude that five or six minutes is as long as the infant of one year can fix its attention, and so on up to thirty minutes for

the primary scholars of six years. The rule that gives rest to the mature mind by a change of work does not apply to young children, who cannot be provided with work of a very different character. As they grow older, this faculty of attention is easily developed.

Weak-minded Children.

A word about this unfortunate class. All asylums and institutions for these children devote their energies to developing what there is of mental capacity remaining, or what little endowment the child has. The faults of this system lie in the impossibility of proper individualization, and the too frequent use of powerful sedatives for those given to noise and insubordination. A far more hopeful plan, sure to make more of such a child, is to begin upon the very earliest manifestation of mental feebleness with all the best that can be had in hygiene and diet, and turn the unfortunate over to a careful physician for drug treatment. Every thorough student of drugs knows what power some have, carefully given in small doses, to correct wrong mental development, and early infancy is the proper time to begin such treatment. Home surroundings, with all that love and affection can afford, will supplement this and afford better results than any routine asylum life. The mental training of children should follow along the same general lines as the physical, each want of the mind being anticipated as would each bodily need.

The next and last article will treat of some ways of conducting early training in morals.



STERILIZED MILK FOR POOR CHILDREN.

BY MRS. FELIX ADLER.

THE first summer heat is upon us. There is no time to be lost; all minor family arrangements must give way, all other plans are obscured in the important consideration of Baby's welfare—Baby who must be taken away to avoid the warm weather. Baby is a strong, sturdy boy who has never had a day's illness, who lives out of doors even in the city, and whose every physical need is attended to by a devoted staff. But now father and mother are separated and the journey is begun—the express van carries away his crib, his carriage, his bathtub, his cooking stove, his thousand and one useful utensils, and the new gift that Science, like a fairy god-mother, bestows on the babies—the sterilizer too, must go with him. Baby drives off in state to seashore or to mountain freshness, to drink in the pure breezes, to revel in sand and bath and sunshine, to laugh and prattle in very happiness of living amid such surroundings.

But there are other babies, and I would there were not so many of them left in town, babies who have no crib of their own, no bathtub, no carriage, nothing, alas! their own, but their weary little bodies. Their staff of attendants is quickly summed up, the mother who goes out to work, the father who rarely has work, the sisters and brothers of the mature ages of six to ten years who "mind the baby." Baby's playground is the street, behind ash barrels, beneath carts and in the grimy gutter. Poor babies in town—you are reveling in sunshine too, but the sun is so hot and the days so long, that many, many of you are too weary to wait for evening's coolness or the breezes of autumn and close your eyes to the scenes about you before you are able to understand them.

The statistics of infant mortality during summer in cities prove that by far the largest number of deaths are due to diseases of the digestive organs, and these are caused first of all by improper food. This is a truism so well known that it is hardly necessary to dwell upon it. But in all the charitable enterprises that have been undertaken for the welfare of babies, such as fresh air excursions, sanitariums, etc., the primary factor causing disease has not been eliminated unless the proper food is supplied. And what food is given

to babies in town? A pitiful tale of poverty, carelessness and ignorance would be revealed if we could answer this question. When the baby eats what it can get, when the same food is provided for adults and for infants, when fruit unripe or overripe, vegetables, etc., enter into the bill of fare, what other results can we expect but illness and suffering? And even when milk is provided, when a careful mother endeavors to give her child the best food, how difficult, nay almost impossible for her to succeed? Milk, so hard to preserve in hot weather; milk, the prey to decomposition and fermentation, how can she keep it sweet and fresh in her stifling apartment where ice is a rare luxury and even at night cool air cannot enter?

We have a task to perform here—to bring the gift of the fairy to those that most need it. Sterilized milk is absolutely safe and is as much, nay far more, needed by the poor babies in town than by the fortunate babies at seashore or mountains. It is our duty to bring it to those that need it, to see to it that the poorest shall be equal in opportunities for health with the richest, at least as far as food for babies is concerned.

It is no fairy tale I tell, though I have spoken of a fairy and her gift. Sterilized milk is easily accessible to the well to do, but hitherto the poor have not shared in its benefits. For the poor, hard-working mother it is almost an impossibility to prepare the milk herself, to do it properly, and in our great city it is difficult for her to buy pure milk. But a beginning is to be made, and it is hoped it will speedily be extended, to supply the poor with sterilized milk.

Milk supplied from an excellent dairy is to be sterilized and distributed through the city to be sold at the same price as ordinary milk. Then, if the mothers can be made to appreciate the value of this food, there need not be so many sick babies in town. Of course, there will be incredulity and skepticism at first, but this will soon give way to gratitude as the baby remains well in all the summer's heat and the wonderful little bottles are regarded with awe and respect.

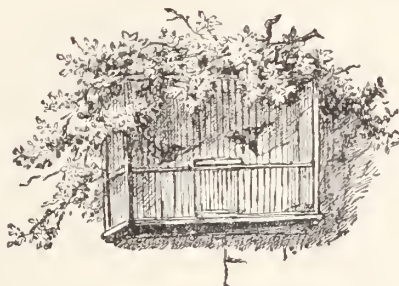
The milk is not to be given away but is sold at a nominal price, covering expense only for the milk, but not for labor, apparatus, etc., which

must be provided by contributions. The value of the milk is enhanced to those who pay for it, as everything we pay for seems more precious than what we receive, and the ill effects of pauperizing charity are avoided. The beneficent influence of the plan will be limited only by limits of funds—the larger the means the larger the amount distributed.

The work of sterilizing, under the supervision of a physician, Dr. H. Koplik, whose name is well known in this department of science, will be carried on at the new building of the Eastern Dispensary, where the rooms, use of steam, etc.,

have been placed at the disposal of the Committee.

In the *Medical Record* for May, 1891, the plan is endorsed by Dr. J. West Roosevelt, of New York, in these words: "It is a gratifying thing to find such a sensible and useful charity in this city of much futile philanthropy. Whatever views we may have in regard to the evils of pauperization, they cannot apply to the unfortunate babies, and the fact that pure milk will save much of the infant mortality during the summer months is sufficient reason for the expense entailed in the process."



HINTS FOR THE TOILET OF CHILDREN.—I.

BY CHRISTINE TERHUNE HERRICK.

THERE are certain apparent trifles in the care of babies and children that should never be overlooked. Prominent among these is the attention to the mouth and scalp.

Nearly all monthly nurses direct that a young infant's mouth should be rinsed out with borax and water. Some are so wise in their guardianship that they successfully tide their tiny charges over the first weeks without any trouble of this sort, while other nurses, less fortunate or less prudent, fail to spare the little ones this discomfort.

One nurse of my acquaintance made it her boast that none of *her* babies had ever been afflicted with sore mouth. Her practice was to wash out the baby's mouth, not only night and morning, but also before each feeding, always using a fresh bit of linen for the purpose, and never dipping the part that had been used back into the water. This practice should not be intermitted as the child grows older, but continued throughout babyhood. After the first six months,

the washings need not be so frequent, but should be administered night and morning.

When the first teeth are fairly through, a tiny tooth-brush may supplement the work of the fragment of linen. It is an exploded theory that children's first teeth do not need brushing. Upon their care often depends the soundness of the second set, as well as the healthfulness of the gums, and the perfect order of the digestive organs. A very stiff tooth-brush injures the enamel and wounds the gums, but one made of badger hair instead of bristles may easily be procured and the child taught to use this at his morning and evening toilet. Until he is nine or ten years old, a little supervision will be required from the mother or nurse, or there will be neglected corners and interstices.

The first teeth should be submitted to an occasional inspection by the dentist, lest there should be some decay that will affect the other teeth or the gums. The first teeth should not be pulled as soon as they are loose, but allowed to work out

by the pressure of their successors. In the former days, when the fact that a tooth was loose was taken as an indication that it should be drawn at once, many were the sets of irregular teeth that had to be straightened by a painful process before their owners were presentable. It is claimed, too, that drawing the first teeth too soon renders the second set softer and more perishable.

Many of the advertised tooth powders and washes are highly deleterious to the teeth. A simple preparation of powdered chalk is all that is needed, but if something else is desired, it should be procured from a reliable dentist, not purchased on the strength of a flaming advertisement in the paper or by the wayside. More than one man or woman has had to mourn over the injury done to his or her teeth by some patent nostrum that cleansed and polished the teeth, while it impaired the enamel.

The use of a soft quill or a wooden toothpick by children should be encouraged, although if need hardly be said that they should be trained to consider it a part of the toilet and no more to be performed in public than combing the hair or cleaning the nails. But they should also be taught to leave the gums untouched by the tooth pick, as much injury resulting in the ultimate loss of the teeth is due to rough use of both tooth picks and brushes. They should be forbidden ever to use a pin in picking the teeth, and should be instructed in the employment of dental floss for removing obstructions from between the teeth. The cause of any bad breath or other symptom of decay should be promptly investigated, and, if possible, removed.

While less may depend in one way upon the care given the scalp than upon that bestowed upon the teeth, this should never be neglected. Little babies often suffer from an eruption upon the head, known as scurf or "cradle cap," and even when this does not cover the entire scalp, it shows itself here and there in blotches, pimples, running sores and scabs that are unpleasant to the eye, and must cause discomfort to the child. Sometimes this trouble can only be averted or cured by consulting a physician, but there are simple home rem-

edies that are often efficacious in relieving them. The best way to prevent the eruption is by frequently washing the head with soft water and some good soap, such as old Castile or Packer's Tar Soap. The lather should be rinsed from the hair and skin, both carefully dried, and a little alcohol and water rubbed on the baby's head to prevent his catching a cold. As he grows older and the hair becomes longer, it is not wise to wash it every day. Too frequent ablutions dry and deaden the hair by removing the natural oil. One washing a week is enough, and after the hair is dry it should be well brushed, but never with a very stiff brush, or with one with metallic bristles. About once in two months the ends of the hairs should be clipped to prevent their splitting and to promote growth. Under no ordinary circumstances should a fine comb touch a child's head. Dandruff may be brushed out and washed out, but the fine comb, by irritating the scalp, produces the evil it is employed to remove.

Even for the sake of beauty, hot curling irons should not be used for a child's hair. If it will not curl naturally, or with a little gentle coaxing, cut it short. There is a popular superstition that rubbing a baby's hair the wrong way will make it curly. Whether this be true or not, the experiment is simple and can do no harm, even if it does no good.

Should a child's hair begin falling out and become thin, it is well to clip it all close to the head, leaving it only an inch or two in length. There are various preparations whose use is beneficial to the scalp. Among these is a compound of rum and quinine, applied two or three times a week, and rubbed well into the scalp. Gentle and regular brushing is also said to be efficacious in stimulating the scalp and restoring strength to the roots of the hair. Still, in most cases where a very young child's hair begins to fall, it is safe to consult a specialist. Baldness in little babies need never be a cause for alarm. Even when they are born with a good growth of hair they are liable to lose it and to remain bald, or to have their polls covered with a fine, soft fuzz until they are six or nine months, or even a year old.



NURSERY HELPS AND NOVELTIES.

A Clothes-Basket Bassinette.

I HAVE not seen in BABYHOOD any description of a nest for the baby bunting that I think quite as pretty and convenient as the bassinette that I have used for the past six months. A large sized splint clothes-basket with rounded corners, securely screwed to a rather heavy and very strong stand, with casters on the four legs, was the foundation for a resting place so dainty, that I feared it might be thought too expensive a luxury for "the minister's son."

The stand of poplar wood, colored with cherry stain, was made high enough to bring the top of the basket just a little above the edge of the bed beside which it was to stand; braces of wood were added to the bottom of the basket to strengthen it.

Thus far the bassinette was the work of a clerical papa and uncle.

Then a skillful auntie covered the basket inside and out with a thick wadding of cotton batting, using a curved mattress needle and bringing the wadding well over the edge; over the cotton was drawn a covering of blue silesia, tacking the silesia at the bottom inside the basket, bringing it up as smoothly as possible over the top of the basket and tacking it again with the long needle and strong linen thread at the bottom on the outside of the basket; thus the lining was all in one piece. About nine inches from the top of the basket, on the outside, was sewed to the smooth silesia covering a very full, pinked flounce of silesia wide enough to fall over the lower part of the basket and cover part of the stand. A dotted swiss muslin drapery was made wide enough to be quite full when gathered around the basket, and of a length to entirely cover the blue silesia inside and out, one edge being trimmed with a slightly gathered piece of imitation Valenciennes lace 4 inches wide; the swiss was basted to the lining at the bottom of the basket inside and brought over the top; but at the place where the swiss cover met the pinked flounce, that is, nine inches from the top of the basket, a tuck $1\frac{1}{2}$ inch wide was run in the muslin, then half an inch from the top of the tuck another running was made and a soft, white tape run through the casing thus formed, drawn tightly about the basket and tied. The remaining length of swiss with its lace edge fell loosely over the blue flounce on the lower part of the basket,

taking from the little nest all suggestion of the sloping sides of a clothes basket; the inch wide tuck beyond the tape casing formed a heading for the muslin flounce. Large bows of blue satin ribbon on the strong handles, for which spaces must be cut in the silesia in the drapery, completed as pretty a bassinette as the most fastidious mother need wish for her first-born.

A hair mattress in two *crosswise* sections, either of which fitted lengthwise into the baby's carriage, was made at slight cost. To fill up the deep basket a large folded comfortable was used, and the mattress placed upon that, and as the baby grew and was able to sit up, the mattress was placed lower, to obviate any danger of falling out. Many hours the boy spent in his little bed with playthings about him, seated so low that the bright eyes were just able to look over the sides and watch sister's interesting doings. Muslin pillow-cases were made for each section of the mattress, and a quilted cotton-flannel pad used over them, thus making sure that the sheet was not in a wrinkle under the baby.

The absence of any lace, frill or quilled ribbon around the edge of the basket makes it much more serviceable than when such a finish is used. By ripping the long stitches that fasten the drapery to the inner side of the basket and loosening the tape we have a straight flounce easily laundered. The cover to my own basket has been done up several times. When it was necessary to fix the basket for moving we packed the stand *inside* the basket, together with mattress, pillow, blankets, etc., turned the draperies up over it and sewed the whole up in burlaps.

Individual taste and a more or less plethoric purse will suggest variety in the decoration of these bassinettes. At Grandma's there is a temporary *confection* of yellow silesia, covered with cottage drapery, finished with a wide hem and adorned on one side with a huge bow of yellow satin ribbon; the handles are covered with silesia and have muslin frills over them. A superannuated kitchen chair with the legs sawed off to make the right height, and the back entirely sawed off, makes a good stand for a basket in occasional use, but it is neither strong enough nor heavy enough to endure constant, hard usage. Although not so easily carried about as a basket without a stand, the stand has advantages which

outweigh this objection; there is no danger of tipping it over, the casters make it possible to roll it freely around a room, and by the handles, basket, stand and sleeping baby may be carried from one part of the house to another.

Moorestown, N. J.

L. A. M.

Carriage-Robe ; Umbrella-Cover.

THE outfit for the baby for whom the basket was prepared included a carriage-robe and an umbrella-cover at once so simple and so satisfactory that I will venture to describe them. The umbrella-cover was cut according to directions given in *BABYHOOD* from a square of swiss muslin like that of which the bassinette drapery was made, the edges narrowly turned up, and heavy linen lace, 4 inches wide, gathered quite full and sewed on by machine. The hole in the center of the cover was bound around with tape and hidden by a bow of satin ribbon tied on the top of the parasol.

The carriage-robe was made from another square of swiss with an inch wide hem on each side; on the edge was a fall of lace like that on the parasol cover; the muslin was sewed to a lining of colored cotton flannel with a Wilcox & Gibbs machine, and six sets of tapes on the under-side of the flannel served to fasten the robe to the cane-work edge of the carriage. The cost of muslin, lace, flannel and ribbon was \$2.70.

Moorestown, N. J.

L. A. M.

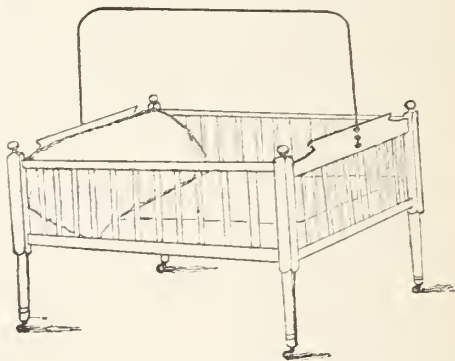
A Defence Against Mosquitoes.

BABY needed protection from those pests of summer, flies and mosquitoes, and, as our crib was frequently moved from one room to another, we could not make use of the canopy fastened to the ceiling described in *BABYHOOD*'s first volume. We found we must even set our own wits at work, and the result was so simple, useful and economical, that others may like to try it.

The materials are a piece of brass rod, rather larger than a lead pencil and three feet longer than the crib, four screw-eyes, two bits of wood and a quantity of mosquito-netting, more or less according to the size of baby's nest. Two eyes are screwed into the centre of the outside of the foot-board of the crib, one above the other and about three inches apart, and one bit of wood is glued immediately below the lower eye. The other two eyes and the second piece of wood are put on the head-board in the same manner. The rod is bent a foot and a half from each end, as shown in the

illustration, and dropped through the screw-eyes. It is prevented from slipping too far by the bits of wood under the lower eyes.

Over all is thrown the netting, which should be two breadths wide and long enough to entirely cover the crib. The ends may be simply hemmed or the whole netting may be ornamented with a simple border in darned embroidery. Among



other advantages of this device may be mentioned that it can easily be put entirely out of the way when necessary, as it takes but a moment to fold the net and lift the rod from the eyes.

Providence, R. I. *LUCY READ HUBBARD.*

Various Notes : Small Hammocks ; Baby Baskets ; Christening Trays ; Quilted Pads.

SMALL hammocks netted of bright-colored cord, with stretchers wound with satin ribbon to match, and ribbon bows to ornament, are found in the baby furnishing shops. They are very pretty, cost \$3 or \$4, and for mothers who dare risk accidents with the meshes, may be very useful, as they can be hung in nurseries and bed rooms in spaces where a full-sized hammock could not be put.

Baby baskets are so elaborated, nowadays, as to be articles of uselessness rather than usefulness. It is the English custom to have a square cover of materials like the trimming of the basket, large enough to throw over, and conceal the contents of the basket when not in use. When the cover becomes soiled it can much more easily be renewed than can the lining and trimming of the basket, and seems therefore, a very sensible thing to have.

Christening trays or baskets are among the recent notions for babies. They are shaped somewhat like a cradle or bassinette; are padded and



SMILES AND FROWNS.

BY LAVINIA S. GOODWIN.

THERE is no child whom smiles do not adorn as blossoms adorn a plant. Is not the child's smile an outgrowth, like the rose upon its bush? An infant cries with its first breath, but weeks pass ere a smile appears on the little lips. It can wail its complaints, but its comfort is accepted dumbly. How fondly the mother, like a florist watching for signs of budding, greets the earliest fitful wreathing of the mouth expressing pleasure in existence. She cultivates its smiles, she encourages them for the eyes of her visitors in a manner to show her pride that it has begun to distinguish itself from a common animal. "Man is the only animal that smiles."

One hesitates to introduce the unlovely counterpart of a smile, a frown—so ill-fitting in the case of a little child that it seems not to belong to it. This calls to mind a bright infant, barely midway in her second year, whose frowns are as genuine as her smiles, and mar her looks as much as the other beautifies them. These are a striking imitation of an habitual expression on the face of an elderly person whom the child sees constantly. The trait is probably inherited. Unless this frequent distorting of the pretty features can be corrected, we may expect by and by in that household another face so spoiled that smiles will have lost their adorning effect, and even appear incongruous, as the frowns do

now. A withered smile, more unsightly far than a withered flower! Fathers and mothers, provoke not your children to frowns, neither willingly allow them to be taught to frown by example. Think of the delight you had in their early smiles of recognition and conscious affection for you.

I confess to having often gone a-begging. I beg in the streets and in the cars—everywhere, with my eyes—for smiles from the little children, nor ever in vain. One never need feel poor in heart with this resource. No more readily does your friend return your Good-morning than does the little stranger respond to a proffer of love for love and good will for good will. God bless them, every one! Yesterday I was out on a rather doleful errand. My spirit adopted a complementary hue, and a soldier after hours of forced marching is not more weary than I was when I noticed, just in advance, a toddler led along. She was before me not only with her feet but with her smile. She turned her dear head, looking and smiling at me over her frilled shoulder, and lo! a metamorphosis. The slave to labor lost is a queen in her chariot, with strewn flowers in her course. A Theosophist would say the baby and I had been friends in a preceding state, where the language was that of flowers and smiles.

THE MOTHERS' PARLIAMENT.

The Advantages of Sterilization. —The subject of sterilization is at present receiving much and deserved attention, and any mother who considers the welfare of her child cannot conscientiously do otherwise than follow the process. Should she for any reason find herself unable to attend to it personally, she can safely rely upon the sterilized

milk sold by the Kingwood people of New York, which can be kept indefinitely, as I know from experience, having used it frequently upon journeys and when I did not have the time to sterilize the milk I received daily.

There is a great difference of opinion amongst physicians in regard to the proper sterilization of cream with the milk. My experience in this re-

spect has been perfectly satisfactory. The cream to be used with the milk can be sterilized in the same bottles, putting into each bottle the proportion of milk and cream used for each feeding. It is always well to sterilize a few more bottles than are really necessary for the day's use, to provide for emergencies. By doing this I have frequently been able to give a bottle to a baby who would have gone supperless to bed owing to failure in hotel arrangements. Upon going to the beach last summer, I took with me twenty-seven bottles of milk—sterilized by myself—and it gave me ample opportunity to look carefully for a good supply.

The Arnold Steamer is a very convenient sterilizer, having the advantage of being cheaper than many others, costing only two dollars and a half. I have used one for a year and have found it very good, used in connection with the bottles and stoppers described below. The bottles should be of flint glass, and round at the bottom, so that they can be easily cleaned. They should also be graduated if for no other reason than as a matter of convenience. The stoppers should be of rubber, perforated, with glass stoppers to fit the perforations in each rubber cork. After a year's experience with different kinds, I have concluded that the perforated red rubber and long sloping glass stoppers used by the Kingwood people are far superior to any in the market. Since I began to use them, and to sterilize the milk thirty minutes before inserting the glass stoppers, I have never had any trouble. When using the hard black rubber, I frequently found the milk would not keep for any great length of time, and after watching carefully, I discovered that the perforations were wearing larger from constant usage, and that the glass stoppers no longer fitted as closely as was necessary. I then experimented with the Kingwood stoppers and had no more trouble, as the red rubber is soft and closes tighter about the glass the longer the heat continues. Before reaching this point I always kept on hand a half dozen of the Kingwood bottles of milk, a very convenient plan, but now by using stoppers similar to theirs I find that the milk that I sterilize myself keeps perfectly.

One more point I discovered by experience, having never seen it mentioned in directions for sterilizing. When I first began the process, I was greatly annoyed by breakage of the bottles, occurring shortly after putting in the glass stoppers and without any apparent reason. I tried placing them so that they would not touch each

other in the steamer and found after that no more breakage.

This may all seem to many mothers to be too much trouble, but let me assure them from my own experience that it is well worth doing for many reasons; first of all, for the almost total exemption of the child from cholera infantum, that dread disease. All last summer, I had a teething child at the shore, where I was obliged to change the milk several times and yet it caused no illness. That is one of the great advantages of sterilization. Changes are not likely to produce any serious disorder. Then again, a child fed upon sterilized milk has more resistance to disease, and is more easily regulated when ill, than a child who is fed upon condensed milk or milk not sterilized.

It is always well to let a child get accustomed to its use before hot weather sets in, as constipation is often the first result. This can easily be regulated by the use of oatmeal-water in the preparation of the infant's food. By using oatmeal or barley-water, the proper proportion of milk sugar, salt, sterilized cream and milk, you will have as nearly perfect a food as can be found, and may rest reasonably sure that your child, if properly digesting such food, will be a hearty, sound and happy child.

I know of an instance where all this care was given to a child's food with the result of absolute freedom from colic and all the various early troubles of the first year in a babe's life; sixteen tee that thirteen months—stomach and eye teeth—coming at once, the first tooth appearing before he was four months old. He walked at eleven months and also said a few words. This child was fed from the third day and cried night and day until put upon sterilized milk and Dr. Stan's food formulas, since which time he has been phenomenal in his development, all owing, as physicians say, to the proper preparation and digestion of his food—of which sterilization was the most important part.—*Louise E. Hogan, Philadelphia.*

—As each number of **BABYHOOD** has many letters on the subject of constipation, I thought I would write what I had found of great benefit to my two little girls, one two years and a half old, and the baby one year. Both had been very much troubled with constipation, so that each morning a glycerine suppository was used. For the baby strained oatmeal in her bottle was also used, which did

little or no good. I then tried the granulated wheat, prepared by Dr. Johnson, and sold at 82 Boylston street, Boston. The older child had it for her breakfast, and in two days was so helped that from that time I have not used the suppositories, now four months.

I fed the baby with the same food at nine and at one, and at half past five gave her the Franklin Mills wheatlet (bought at any grocer's). In a week she also was entirely cured of this most trying trouble.—*B., Boston, Mass.*

—My experience with artificial foods may be of interest.
Success with Barley Water.

My children are both strong and healthy to begin with, but I never had enough breast milk for them, and tried a number of prepared foods without being satisfied with the results. They produced costiveness and did not digest. Finally a friend advised me to get from some farmer extra cleaned barley in the grain, and use as follows:

Take a pint of the grain and put upon it three quarts of cold water. Let it boil down to two quarts, or until the grains are soft, and then strain, squeezing all the substance out of the barley so far as possible. In a cool place it will keep for two days. I take one quart of milk, from a herd, and one-third quart barley water, with two tablespoonfuls lime water for one day's supply for my little girl of seventeen months, and one-half each barley water and (herd) milk with two tablespoonfuls limewater for my three months old boy.

This preparation recommends itself for its cheapness, its ease of preparation and its superiority over most, if not all, prepared foods which are made to sell. I was averse to trying this plan at first, but, having tried it, cannot recommend it too highly. Those who recommended it to me also spoke of it in the highest terms. The barley grain is better than pearl barley in that there is more substance in the grain and it is less expensive. We pay ninety cents per bushel for the barley, and this quantity will last four to six months.—*H. L. Rupert, Newark, N. J.*

—Nothing so quickly rouses the evil passions in the human breast as a blow. The impulse of the amiable and docile if thus assailed would be to strike back with redoubled violence. Why? do you ask? Because the instinct of self-preservation is so strong within us all. The worst feature of slavery,

it was maintained, was that the slave-owner possessed the absolute power to use the whip as he chose. Most parents will concede this wrong, yet reserve to themselves the right to inflict the same punishment upon their own children.

This fault may be traced to the beginning. If parents were capable of mastering their own passions, there would be no need of whipping their children. No sooner does the little one begin to throw out its hands and feet in search of whatever may be within its reach, than the reproof commences. When the baby is out of arms the command becomes louder. If it runs faster than pursued and in the activity of liberty obtains in its grasp some object not to be handled, the little hands are slapped, that the offender may know better the next time. This mode of discipline is likely to defeat its own purpose. All children are not alike in disposition or temperament. The active, quick-brained toddler may be inspired by this reproof to devise a better means for obtaining the same object when next he undertakes a like experiment. But the child is defenceless and powerless. If it attempts to strike back with its feeble strength, the parent is enraged at the daring resistance, and in conquering it perhaps you have aroused passions whose sting may be felt when the victim is expiating a crime this very injury induced.

Every child wants to be kept busy. That is the surest way to keep children out of every kind of mischief, and to avoid punishment as well.

It has been truthfully said that "the domestic fireside is a seminary of infinite importance." In this school of learning the parents are too apt to forget that their children are but counterparts of themselves; and unless they guard and cherish their life from the beginning as they would their own, there are serious consequences awaiting the neglect. Were this responsibility better understood, we should not hear this complaint so often made of children who come out from undisciplined homes tainted with sin that merits chastisement. Had the baby's restless fingers been supplied with a suitable toy, and the body and brain interested as the desires developed and enlarged, the boy when entrusted with a responsibility need not have been a victim to the misguided liberty which found vent in a wrong act that led up to a serious wrong. Until parents devote themselves to the responsibility their relation to their children imposes, workers in the world's cause may expect less results than their efforts warrant.

Rule the children; keep them in perfect obe-

dience ; but rule by love, and not by fear ; exact obedience through the affections, not by the use of the whip. Nothing compensates a joyless childhood, and angels must pity the children in homes where the parents believe in punishment by whipping.—*E. Addie Heath.*

Mrs. Knight's Lesson.

—“Good morning, Mrs. Knight,” I said to my back door neighbor, as I entered her room

from the rear.

“Good morning,” she replied, in a languid voice, a woe-begone expression on her face.

“What is the matter,” I said, “you are beginning to look like the ghost of your former self.”

“I am tired, just tired to death; Baby is so restless at night that I have scarcely an hour’s unbroken rest. Last night, by actual count I nursed her fourteen times, and then she wasn’t satisfied. We’re all out of sorts this morning. Her papa was so disturbed that he spanked the poor little thing, to give vent to his own impatience. Of course that made me feel worse, and I was cross to Bridget, and all things taken together I don’t find life very enjoyable”; and Mrs. Knight took her dainty handkerchief to wipe the tears of discouragement which filled her eyes.

“Where is Baby,” I said, “is she sick?”

“No, she is only fretful and restless; I think perhaps her teeth may be the cause of her restlessness, but her gums are not swollen any, that I can see. Mr. Knight says that she ought to be taught regular habits, and that I don’t know how to train her. I am sure there never was a more devoted mother than I am. I give almost my whole time to Myrtle, and am wearing myself out for her sake, and then to have James tell me I don’t know how to care for her, ‘it is the last straw.’ I am quite discouraged and don’t know what to do; I have so little energy left, I don’t care whether I do anything”; and Mrs. Knight settled herself in her comfortable chair, the very picture of despair.

Knowing that advice from the childless concerning the treatment and education of children is never graciously received, I hesitated a moment before venturing a reply; then I said, “Mrs. Knight, there is an article in one of my numbers of *BABYHOOD* which fits your case exactly. I will go and get it, for it speaks my sentiments exactly, but you will pay more attention to them, if they are backed by medical authority.” I went without more ado, and got the magazine, took it to Mrs. Knight’s and read aloud to her

an article on *Night Nursing*. “Now,” I said, as I finished reading, “you see what the difficulty is; all you have to do is to apply the remedy.”

“Would you have me starve my baby?” she exclaimed.

“Starve her, indeed,” I replied. “Thousands of babies would be a thousand times better fed if they were cared for as this article advises—fed properly, at proper times, instead of being stuffed.”

“But,” said Mrs. Knight, “think how small a baby’s stomach is! A baby could’t take enough nourishment at once to last it through the entire night.”

“That is what many people claim, I know,” I answered, “but you are thinking how small a baby’s stomach is; remember that a baby is also very small, and that it does not always cry because it wants something to eat. Take my word for it, if you will refrain from nursing your baby at night, you will find life strewn with roses, compared with what it is.”

“I would’nt know how to begin; Baby would cry her eyes out, and the neighbors would denounce me as a heartless heathen,” said Mrs. Knight dolefully.

I arose, told her I was going away for a few weeks’ visit, and had come in to say good-by. I hoped she would feel better on my return, and purposely put *BABYHOOD* on her table as I left.

“What is this, Mabel?” said Mr. Knight that evening after tea, as he took up the number of *BABYHOOD* Mrs. West had left on the table, glancing the while over the table of contents. “What is this on *Night Nursing*?” he continued, without waiting for a reply to his first question.

“O, it is a magazine Mrs. West brought over this morning. She advises me to try that starvation plan on Myrtle,” said his wife in rather contemptuous tones. “Mrs. West has no family of her own; it is always the way with people who have no children—they always know how children should be raised.”

“But, Mabel, this is not Mrs. West; it is *BABYHOOD*, advising sleep instead of food for babies at night; and a magazine devoted wholly to the care of children, as this seems to be, would not certainly advocate measures detrimental to their welfare. I am in favor of trying the experiment on Myrtle. There’s nothing to be lost if it doesn’t work, and there is a chance of gaining some sleep, and I think that is what we are both in need of.”

“Very well, James, but remember if Myrtle

gets sick in consequence of your experiments, you will be the responsible party, and not myself.

"All right, my little Myrtle," said Mr. Knight as he playfully picked her up from the cradle, "we'll be like Grant, won't we? and fight it out, if it takes every night for a week."

"There is the hack; Mrs. West has come home," said Mrs. Knight as she looked from her window one bright afternoon some three weeks after the incidents related. "I must go over this minute and see her; how I have missed her cheery face, and how much I owe to her last visit"; and without further ceremony she threw a scarf over her head and went at once to Mrs. West's. She tapped gently on the door and was shown directly into the neat, pretty little parlor which always seemed so cheery and restful to Mrs. Knight.

"If you please, ma'm, Mrs. Knight is in the parlor already, waiting to see you; I am sure she's as glad to see you back as I am," said faithful Mary to me, as I put my bonnet and gloves away. "What have you been doing?" I said, after Mrs. Knight and I had exchanged cordial greetings; "you look ten years younger than you did the morning I went away."

"That is just why I came over, almost before you had time to take off your bonnet. I wanted to tell you that we have been trying the *starvation* plan, as I call it, and it works like a charm. I never would have believed it, and I would not have tried it, but you left that copy of *BABYHOOD* on the table that morning, and James read it, and was in for trying it at once. He declared we could not make matters much worse and insisted on experimenting on Myrtle. I told him this morning I wished he belonged to an experiment station, so that he could publish a bulletin giving an

account of our experiment. A good many pages of it would be taken up in telling how she cried the first night, the second, and so on for a week, but she finally was 'trained,' and James says she would have known how to sleep from the first if she had not been spoiled, and indeed the more I think of it the more I'm inclined to believe he is right. It is just as you said. Life seems altogether different; Myrtle sleeps so much better, and is so much better natured when she's awake that we enjoy her every moment. I feed her regularly through the day—only five times, and I tell you there is a wonderful difference between furnishing five and about twenty-five meals in twenty-four hours. I am sure I feel ten years younger, and more than that, for I felt like a veritable Methuselah that miserable morning you came and found me in the 'Slough of Despond.'"

"I am heartily glad the 'experiment' has been successful," I replied. "If mothers would only listen to reason they would save themselves a great deal of energy which is wastefully, I may even say, harmfully, expended. Why should babies be different from everything else? Even the world has its day and night, its winter and summer, its periods of repose and activity. Would that mothers knew how much they could save themselves, and, knowing it, would begin *at birth* the physical education of their children."

Mrs. Knight said: "Write and tell *BABYHOOD* how much good that article did us, and perhaps other mothers will be persuaded to 'experiment' with their restless, fretful babies, when they learn that it is sleep, instead of food, that they need at night;" and taking my share of the advice, according to Mrs. Knight's suggestion, I have written.—*Mrs. W. A. Kellerman, Manhattan, Kansas.*

NURSERY PROBLEMS.

Fruit in Summer; Summer Diet at One Year.

To the Editor of *BABYHOOD*:

(1) Will you kindly tell me what varieties of fruits and berries I may give my little girl this summer? She will be three in August and has eaten this winter, oranges, apples, bananas and white grapes in small quantities and without evil effects.

(2) I would also like to consult *BABYHOOD* about the diet of my baby fifteen months old, this summer. Since she was weaned, at eleven months, she has been fed upon Imperial Granum until lately, when we have given her occasionally broths, oatmeal and milk, and hominy and milk, with undiluted milk to drink. She has eight teeth and is a little inclined

to looseness of the bowels, having almost always three movements a day, and at the time of teething we generally have a little trouble for a day or two. Would you confine her diet strictly to granum, or would it be safe to continue the more solid food through the summer?

Newark, N. J.

M. D. O.

(1) Oranges and apples are not at their best in summer and may as well be omitted, summer apples particularly. Our preference also would be to be careful about bananas in hot weather. Very much depends upon the quality and condi-

tion of fruit. When thoroughly ripe and in good order, we believe that the pulp of a peach is excellent, both grateful and harmless. We may say right here that fruit must be given at mealtime, neither it or anything else between meals. Under the same restrictions as to quality and freshness, we think the pulp of water-melon is harmless, but a really good melon is a rarity unless you live by the melon patch. Strawberries are on the doubtful list, cherries objectionable at her age, and we can recall no other fruit that we can advise for the present. The very best of blackberries and raspberries may be admissible, but, as before said, condition is everything.

(2) She may have the liquid (milk, grannum, broths) freely, but the cereals would better be watched carefully and restricted in hot weather. Watch also for curds in the stools where pure milk is taken, as a guide. If they appear dilute it again.

Summer Dress; Lime Water; Fast Drinking.

To the Editor of BABYHOOD:

Please give me information:

(1) On how a baby one year of age should be dressed, in the summer? Is it necessary to have flannel undershirts? She breaks out with the heat badly with flannel next to her.

(2) I have lately weaned her of her bottle and she drinks from the cup very nicely. How much lime water should I put in a cup of milk?

(3) Is there danger of her drinking too fast from a cup? And should she be given a drink oftener than she had the bottle, as she can't drink as much at once.

Roscoe, Ill.

A YOUNG MOTHER.

(1) We like a light flannel or woolen as a protection from changes of temperature. But when the skin is sensitive we sometimes put a light linen garment next the skin and the woolen over it.

(2) A tablespoonful will usually be enough; and if the milk is entirely sweet it may not be needed at all at her age. But it is harmless and on the whole would be better continued through hot weather.

(3) Such a thing is possible, and larger children often do, but little children usually drink rather slowly at first. It is better not to increase the frequency of the meals, but to coax down a larger quantity at a time. She will soon take the desired amount.

Vomiting Food; Crying from Colic; Tendency to Piles.

To the Editor of BABYHOOD:

(1) I should like to ask you how I can prevent my baby from throwing up. At birth he weighed 6 pounds, and now, at four months, has reached 15

pounds. He looks the picture of health, and yet after every meal—I nurse him every three hours—he throws up uncurded milk, sometimes throwing up for an hour after he is fed. He only nurses for ten or fifteen minutes at a time, so it hardly seems as though he took too much.

(2) Another thing, do you not think a child's cries should be soothed in one's arms when it seems as though he were crying from colic or wind?

(3) He has very little colic and except for throwing up there is only one thing that troubles me about him. He wakes up between five and six in the morning and strains dreadfully. As he has a tendency to pile the doctor told me I must be careful about letting him strain, and yet I don't know what to do. He seems to do it simply from lack of anything else to do; for when I speak to him he stops instantly and laughs and crows, and his bowels are quite regular at 8.30 every morning. Does any other baby have this trouble?

Ojai Valley, Cal.

E. T. K.

(1 and 3) If the child vomits its food and has a tendency to piles—not a very usual condition in infancy—pretty certainly his digestive organs are somewhere out of order, and they should be put right if possible. It may be that the irritation which causes straining is entirely local. It may be that the vomiting is due to excessive acidity of the stomach, and so of many "may-be's," but these little details cannot be determined by any one at a distance, but your physician perhaps can do it.

(2) If the crying is really from pain there certainly can be no harm in soothing it in the arms. Warmth and pressure are often helpful. But it is better to prevent colic by care of the digestion.

Vaccination.

To the Editor of BABYHOOD:

I have five children, the oldest nearly seven years, and the youngest sixteen months. None of them have been vaccinated. When, in your opinion, is the best time to have this done, and can you tell me where I can obtain pure virus? I object to taking the virus from another person, which is the custom in this neighborhood.

Wilkinson, Miss.

You would better have the vaccination done as soon as practicable. You would also better allow your physician to choose the virus. If you desire calf virus, he can get it from various persons in the North who prepare it, or from the Board of Health in this city.

Early Boisterousness.

To the Editor of BABYHOOD:

Our boy is not quite three years old, is healthy and strong in every respect, considered large for his age, and said by everyone to be the picture of health; is full of life and delights in playing with his father, riding on his back, or rolling on the floor, or having a rough-and-tumble play generally. The question has arisen in our minds whether it is wise to en-

courage him in this by his father joining in such rough and boisterous amusements with him, as some of our friends say that it probably would have a tendency to encourage the growth of boisterousness and roughness generally. But in all our plays we insist upon discipline by having everything stopped when we command, and our word is law at all times.

Montreal.

J. W. N.

There is no harm in the practice, provided that the child is not hurt or strained in the frolics; is not tossed about too violently, or turned head downward (as sometimes fathers like to do.) Simple romping will do no harm so long as your discipline is good. Of course these romps are better omitted soon after a meal or just before bedtime.

Suppositories; Molasses Candy; Eczema.

To the Editor of BABYHOOD :

My baby is ten months old, weighing 22½ pounds. He has five teeth, and a sixth all but through. He seems strong and well, his flesh being firm and good. He takes four tablespoonfuls of Mellin's Food in a large quart of milk and half a pint of water, a day. Until four months old he had a humor under his arms and on his neck, which discharged continually and was very sore. Since the warm weather this spring a similar, though milder eruption, came out on his face. His eyes were inflamed and one ear was swollen and discharged. The physician said it came from his teeth, and in a week it disappeared, though his ear is not entirely healed and a few pimples appear on his face. He is a little constipated, but if I use a castile soap suppository a movement will immediately follow. At first the movement will be hard, but the latter part will be loose and easy. Twice I have given him a piece of pure molasses candy and for a day or two he would have natural, easy movements.

(1) Is it well to let him depend on a suppository to start his movements?

(2) Would the molasses candy do more harm than good? The doctor suggested it.

(3) Is there any better way to regulate his movements?

(4) What do you think caused this humor? Is it anything serious? Is it from the heat and his flesh? (He is rather a short baby and so more fleshy for his weight.)

(5) Shall I continue to give him only Mellin's Food and milk through the summer?

Allston, Mass.

E. P. S.

(1) Yes, rather than let the bowels remain confined.

(2) Molasses candy is often used as a suppository precisely in the same way and with the same result as the soap. If a piece given as a food will keep his bowels in good condition for a day or two it is probably more useful than harmful, but at the same time we see no advantage in such use over the suppository.

(3) Probably not until he is old enough to have varied diet.

(4) The eruption is doubtless eczema. The causes are legion, but may be grouped under two

heads: general, those which produce a tendency to such eruptions, and local or exciting causes. Of the latter teething is one, and apparently was active in the second outbreak.

(5) He seems to be doing well on it, and a good rule is to let well enough alone through the summer. In the autumn he may need change.

Condensed Milk; Cholera Infantum.

To the Editor of BABYHOOD :

Being an inexperienced mother of a boy baby ten months old, and one who has been unable to nurse her baby since he was three months old, I wish to ask your advice in regard to his food. I have always given him "Borden's Eagle Brand" of condensed milk, which has always agreed with him. He is a healthy baby weighing 22 pounds; bowels regular, sleeps and eats well. He has four teeth, and in every way I am satisfied with his present condition. I see by the articles in BABYHOOD that you do not think condensed milk the best thing for babies, and also that it is apt to produce cholera infantum. Now as this climate is conducive to that disease, I fear the summer.

The reason I do not put him on good cow's milk is because it is impossible to get it here. There are no good pastures, and cows are obliged to feed on weeds, etc., to such an extent that at times we are unable to use the milk ourselves, although we have our own cow. My physician says "let well enough alone," but so many babies died here last summer that I cannot help feeling worried. I have tried giving him both oatmeal and graham gruel but he will not take them.

If you can advise me in this matter, or give me any hints in regard to warding off this dread disease, you will confer a great favor on

Washington.

A YOUNG MOTHER.

We have often explained that the chief objection to condensed (canned) milk is its deficiency in fats. But your child seems to have done—and many others do—well enough. We therefore agree with your physician and say "let well enough alone." But we do not think we have said that condensed milk is apt to produce cholera infantum, because we do not believe it to be true. Real cholera infantum is a peculiar and fortunately not very common form of bowel trouble, probably due to some special irritant. Some cases seem to be due to the poison sometimes developed in milk, called tyrotoxicon. This poison is far less likely to exist in good condensed milk, like the Eagle brand, which is sterilized in its manufacture, than in ordinary milk which is carelessly handled. If your baby has thriven well on the condensed milk hitherto, we see no reason why you need to change during the summer.

Peptogenic Milk Powder; Eczema; a Severe Cold.

To the Editor of BABYHOOD :

I would like very much to know what your advice is in regard to my baby's diet for the summer. He

was born June 30th, last year, had the colic severely for six months and was very thin and frail during that time. We tried two kinds of prepared food in addition to breast milk, which was not sufficient in quality or quantity to nourish him, but the first did not agree at all and the second, though seeming to nourish him for a time, lost its good effect after a short trial. The third food, "Peptogenic Milk Powder," worked like a charm. We began its use in January and Baby was weaned from the breast at the same time. He improved rapidly and seemed entirely over the colic in a month; grew fleshy, and is now an active, bright baby, weighing 20 pounds. He is not excessively fat, but as large as many children of two years. However, we noticed four or five weeks ago that the food was not assimilating properly, the faces have been hard and almost white in color. The baby has had a cold and an eczema which spread from the surface of the body and legs touched by the diaper over almost the entire skin. I used an ointment and gave powders from our physician, and while the eczema is much better the bowels are not in the right condition. I have prepared the food according to special directions for feeble digestion.

(1) Would you advise changing the food again; if so, what shall we try?

(2) If we keep him on milk food all summer will the same quantity he is taking now be sufficient for him, viz: eight ounces every three hours from 6 A. M. to 9 P. M., or will he require something more solid before he is sixteen or eighteen months old?

(3) Would it be better to give the food once in four hours, instead of three, and how much more if any should we give him at one feeding?

(4) Are we right in believing that a severe cold and eczema are due to indigestion?

Michigan.

W. R. S.

(1) Not until autumn.

(2) In all probability.

(3) We do not think it necessary to make a change during the heat. In the autumn he can take a less diluted food and thus, with the same bulk, get more nutriment.

(4) Eczema certainly often is so excited. "A severe cold" is a phrase which has no meaning or any meaning according to the notion of the user. Many of the things denoted by the phrase may be due to indigestion. If you mean, what is perhaps the commonest meaning of the phrase, a bronchitis, it is doubtful if that is due to indigestion.

Supplementary Feeding.

To the Editor of BABYHOOD:

I should be very grateful if you would state your opinions about combined nursing and feeding of a baby nine months old. I seemed somewhat exhausted by the nine months' nursing, and at my physician's advice fed the baby once a day—cow's milk and water. But her bowels, constipated hitherto, have become very loose and she has had two seasons of severe pain. She has also put on short clothes and we have had warm days with thunder storms. Her stools show poor digestion, and have a bloody mucus mixed with the curds. Many mothers tell me that they have never known any one to make a success of part feeding and part nursing through

the second summer. She has had two teeth for six weeks and there are others very nearly through.

Oak Park, Ill.

C. S. H.

BABYHOOD has repeatedly said that it believes, and believes from experience, that supplementary feeding *i. e.*, part feeding and part nursing, is usually the best plan whenever the breast alone does not furnish enough food for the child. Occasionally breast milk may be bad, or the breast may have been exhausted entirely, under which circumstances it is better to wean the child. If you have some good milk, and have not already weaned the child before hot weather comes, we believe that careful feeding combined with nursing will carry you safely through the summer.

Gathered Breasts: Cow's Milk in Winter; Supplementary Feeding; Peptonized Milk.

To the Editor of BABYHOOD:

My third child, a girl, was born last October, weighed 8 pounds, and was pronounced by doctor and nurse to be a strong healthy child. I commenced nursing her as I had done with my other children, but through the carelessness of the nurse I had the misfortune to have a gathered breast. Four abscesses formed, and the doctor said the milk would not come back in that breast. It was the largest and best one of course, and I had never had as much milk in the other. In fact my milk was never very abundant and my other babies did not grow very fast, though they were always healthy and vigorous. It was a great grief to me to give this baby the bottle, but of course we had to. I could not furnish her with a full meal at any time, except in the night, and thinking it was better to have the breast drawn often, I nursed her at each meal-time, and gave her the bottle too, if necessary. We used fresh cow's milk, two-thirds water, and for seven weeks she seemed perfectly well, as plump and round as could be, bowels moving regularly, and not vomiting any more than "bottle babies" usually do. But at the same time, she did not gain half a pound a week, which worried us a little. At seven weeks, she began to be very constipated, and to fret and cry most of the day instead of sleeping, and she was so troublesome about nursing and cried so after it, that I began to think there must be some trouble with my milk, and consulted my physician. He said he thought not, as I was perfectly well, with good appetite and digestion, but that cow's milk at that time of year was "too heavy" and I had better try condensed milk. I did so, but she did not improve, and got so fretful I had to hold her all day. I then made a great effort to nurse her more, and having seen the advertisement of Nutrolactis in BABYHOOD, took that, and with plenty of milk and cocoa, and abundant out-door exercise, my breast milk was so increased that I only had to feed her once a day. She felt much better, but still would not sleep in the day time, did not gain in weight, and her bowels were still constipated, and the movements after injections green and slimy.

My own physician just then left town for the winter, and I called a new one, entirely unknown to me. He said he thought I would not succeed with mixed feeding, and advised me either to nurse her

entirely, or wean her and put her on Wells & Richardson's Lactated Food. I couldn't bear the idea of weaning her, so redoubled my efforts, added ale to my diet, and nursed her entirely for three weeks. All this time I grew stout so fast that I was quite alarmed, and I fear I took all the extra nourishment to myself, for baby still did not gain, standing perfectly still for six weeks. She felt much better, however, and enjoyed her meals so much, seeming satisfied usually, though at times I think she did not get enough. But the bowels were still in a very wrong condition, and when I spoke to the doctor again, he said I had better give it up. He had concluded that my milk was out of order, owing to the trouble in the other breast, and said an abscess sometimes had that effect. He advised weaning at once and I could do nothing but obey, as I did not dare act on my own judgment, but how I did wish I could have *BABYHOOD's* advice just then; I have sworn by your magazine for five years, and in the numerous articles on nursing, I don't remember seeing anything about an abscess deteriorating the milk. The advice has always been, as far as I remember, to stick to breast milk if the mother was well and strong, though it might be necessary to supplement. *BABYHOOD* has not spoken against "mixed feeding," and I could not feel as if it were best to wean my baby, but not knowing what else to do, I did as I was told. I commenced with the lactated food, at first, preparing it with milk, but that disagreed as before. Then I used condensed milk with it, and finally no milk at all. Just at first it seemed to suit her nicely, and her bowels were much better, but within a week she was as constipated as ever, vomiting the food, and crying a good deal. I decreased the number of nursings gradually, and my closest observations could not detect any signs of my milk distressing her, she was so happy after nursing and never vomited, while after the other food she both cried and vomited. Now, the breast milk, which I worked so hard to get, has disappeared (with assistance) and I am tormented with fears that I have not done right.

(1) Is it a fact that a gathered breast sometimes spoils all the milk?

(2) Is it true that cow's milk in winter is improper food for a young baby?

(3) If I could have had your advice would it have been to wean her or to persevere in trying to supplement the breast?

(4) Do you think it was the quality of the breast milk which made the trouble, or only insufficient quantity?

(5) What quantity of peptonized milk is proper for a child of her age and strength? She is four months old and only weighs 12 pounds. If that does not suit her, what shall I do?

Huntington, L. I.

O. P.

(1) We cannot make a general and absolute denial of this fact, because we admit the existence of many things beyond our knowledge, but we may say that we have never heard of any such effect upon another breast while it was itself free from inflammation and the nurse in good health. While the person is suffering from the fever of a gathered breast, or when she is exhausted by previous pain or fever, the supply of milk may be scant or poor in quality. But we do not know of this deterioration of quality continuing after the return of ordinary health in the mother; it being

presumed, of course, that the other breast was not involved in the inflammation.

(2) It is not true, if it is milk of ordinary good quality. At its best cow's milk is not so good as is good breast milk, and must be prepared, as you well know. But the variations of good cow's milk are such as may be ordinarily made good by varying the proportion of water added.

(3) We cannot say absolutely, because we should form a judgment in such a case upon many points and details not mentioned in your letter. But you have given no facts which lead us to suppose that the weaning was called for. There is, for some reason, what we may call a medical superstition that breast milk and artificial feeding do not do well together, but, so far as we know, those who especially study children's diseases are agreed that this mixed feeding is better than weaning, unless the breast milk is known to be of poor quality.

(4) Here again we lack the facts for exact judgment. In such cases we rely upon an analysis of the milk. But the quantity was far more likely at fault than the quality.

(5) The milk must be diluted, and the quantity of the mixture at four months should be about 4 ounces at a feeding, six times in twenty-four hours. At six months, about 6 ounces at a feeding and the same number of feedings. A mixture such as we have frequently recommended under the name of "cream food" may be peptonized, or perhaps still more easy of use is the peptogenic milk powder of Fairchild, often mentioned in our columns. We do not see that you need despair at all. Do not change food often, and then only for definite reasons, both as to the food abandoned and that chosen. Note also that the constipation is likely to persist in such a child for a long time, and if the little one improves in health and weight, the constipation may be cheerfully dealt with from day to day.

Changing Wet Diapers at Night.

To the Editor of BABYHOOD:

There is one subject upon which I would like to have the advice and experience of *BABYHOOD*. It is in regard to changing the wet diapers of a young baby during the night.

There is no question in my mind concerning the rights of the case, if the mother is unable to nurse her child, for then her unbroken rest is not so important to her; but if she does nurse her baby, which one, mother or child, should be first considered? I attended to my first baby faithfully in regard to the changing of diapers, but it was often very hard to arouse myself sufficiently to do so and I have since thought that if I had considered myself

a little more and the child a little less I might have had a more abundant supply of milk for her; but I would not bear to think that the dear little one was at all uncomfortable. Now, with a second one coming, I should like your advice.

Chicago.

M. L. F.

No fixed rule can be given for such things, as circumstances vary. But ordinarily, if the baby is well and securely covered, it will be safe enough to let it alone until it is sufficiently uncomfortable to wake, when you will probably also wake, or until it is time to nurse the child. Exceptions to this, for instance, occur, as when the skin is very tender or shows signs of irritation; or when a child is very restless and uncovers itself.

Condensed Replies to Various Letters.

F. G., Toronto, Canada.—You should be able to get good milk with a little trouble in your city, which has good grazing country about it. If you can, we think that it is good enough if properly diluted and prepared as BABYHOOD has so often recommended, and far better than the advertised foods you inquire about. The rubber "comforter" we do not like because its constant use sometimes makes the mouth sore and sometimes provokes flatulence and may be one of the causes of it in the case of your baby. On the other hand, it does not always do this. Much can be done, in many cases, by diet of the mother, to improve the quality of her milk, but to know what to do it is necessary first to analyze the milk, in order to know in what way it differs from the average of good breast milk. Such analysis can be obtained in your city by your physician, and he can base his directions upon the results.—Binding covers can be had from this office.

L. E. T., Lerna, Ill.—The variation in the undergarment of the Gertrude suit can be made if you desire. In practice, however, it is not necessary. If the napkins are ample, any little stain can easily be sponged off. But we have observed the use of the suit in many families, and the accident described has not been complained of. Of the two remedies you inquired about we know nothing. The liniment is evidently a patent medicine, and such usually are things to be avoided. The herb we cannot make out at all, no such name or anything resembling it as spelled being found in any of the pharmacopœias or botanical lists at our command. Either it is a made-up name or there is some error.

Mother, Kingston, Ontario.—If you will refer

back to the March number you will find an extended article on intestinal worms in which your questions are answered. Probably in the case of your child the other ailments do not depend upon the worms, but the disordered condition of the digestive organs favors the continuance of the parasites; therefore general treatment as well as vermifuges will probably be necessary.

A., Cleveland, O.—Such a condition of bowels needs attention from a physician promptly. It is not one to be referred to BABYHOOD, whose answer cannot reach you for a long time, even if it ever undertook to treat cases of disease, which it does not. It does try to give good hygienic advice, but in cases of illness it would be mischievous if it advised.

Young Mother, Atoka, Indian Territory.—The sooner you put Baby upon regular nursing hours the better for you both. When she is thirsty—as she probably is when she clamors for the breast—give her a drink of pure water, not sweetened water. The sugar water is excellent dressing for a crop of sprue. Wash her mouth before and after each nursing. By the time this reaches you she will be eight or nine months old. At that age she ought to be able to get on with six nursings in 24 hours; say at 6, 9, 12, 3, 6, and at your bed time, say 10 or 11 P. M., and no more till early morning.

Mrs. R. M. C., Wabash Avenue, Chicago, Ill.—The dietary of your child is very good. The drinks of milk through the day should be at regular hours. You would better be firm in resisting the desires of your relatives as to enlarging the child's dietary. Your present plan will probably take him safely through the summer; theirs probably will not.

B., Dallas, Texas.—Continue the meals as before weaning, giving the milk instead of the breast, just as you prepare it now. Sterilize the milk before adding the lime-water. If it seems too heavy diet at first add a third water to the mixture. Do not give solid food until the return of cool weather.

C. W. R., Buchanan, Mich.—The case is evidently obstinate. We do not think that antifebrin (acet anilide) is a proper remedy for frequent use under such circumstances. It is not an entirely safe remedy. The sultonol you ask about we think would be better. Your physician who recommended it will provide you with it in proper doses. Notice that it dissolves in hot water, but practically will not in cold, and that it should be given a couple of hours before the desired time of sleep.





CURRENT TOPICS.

The Education of Children.

It is not yet generally recognized that the younger a child is the more important is the training which he receives. Froebel realized this fully, and wisely applied himself to working out in detail a good system of training for very young children. In our time a system of wholesome training for children between seven and fourteen is still urgently needed. It is beyond the scope of the present paper to enter into detail as to what this training must or must not be. But some points may be mentioned. (1) There must be the regular performance of some kind of useful work suited to the age and capacity of the child. (2) Book-learning must be given up in the case of any child to whom it can not be made pleasurable. (3) Prizes must not be given for success in school-work, nor punishment for failure. (4) The natural love that children have for games must be taken advantage of, so as to cause a healthy development of the moral nature, the physical powers, the imagination, etc. (5) The energies of the child must be fully as well as harmoniously developed, and the child's growth must not be stunted by too easy work. (6) A love of nature and of all forms of beauty must be stimulated and encouraged.

The difficulty of establishing a natural system of education is much increased by the anxiety on the part of parents to see at every point evidence of their children's progress. This natural but inconvenient wish has prevented the *Kindergarten* system from coming more generally into use, and unless parents can be induced to place more confidence in the capacity and judgment of teachers, it is to be feared that it will also prevent the introduction of improved systems of training for older children. In inspecting schools for young children an examiner should make it his business to find out whether they are being taught in the right way, not whether they have reached a high standard of book knowledge. The latter is of little or no importance, the former is all-important. We should not hear so

many protests against examinations if examiners knew how to do their work rightly. At present examiners think it is their business to find out what the children know, and so long as that is the case examinations will not be satisfactory. Are the children's minds in a healthy state, and are their faculties being drawn out in the right way? These are the questions that need attention. An examination should be so conducted as to avoid developing self-consciousness and other morbid tendencies. We want to teach the children to be, not to seem. More freedom is needed both for teachers and children. Perhaps it may not be thought safe to grant the freedom; that has often been the case in history, and yet the grant of freedom has been generally justified by its results.

Frequent examinations prevent natural growth. We do not expect our gardeners to show us the roots of their growing plants. A child's attention should be fixed if possible more on the subject of study itself than on his own progress in it, and examinations as they are now conducted are apt to prevent this. They are less injurious to older children when an interest in the subjects themselves has been firmly established. But all examinations tend to encourage the performance of work in order to show what one can do, which is not a good motive for human conduct. It is wholesome to work from interest in a subject, or in order to help others, but not in order to show that we can do well, still less that we can do better than others. An object of this kind tends to destroy that "harmony of life," that "peacefulness of heart," the attainment of which for himself and others was Froebel's chief object. In our time, when the conflict of life seems to be constantly increasing, this harmony and peacefulness seem to be further off than ever. It is more difficult to introduce harmony into complicated than into simple forms of life. We have had many writers of pretty ballads, but only one Shakespeare. In past generations there were many people who lived harmonious but narrow

lives, the men pursuing the same occupations which their fathers pursued before them, and the women chiefly occupied with household concerns, thus quietly passing through a life of calm content without hurry or striving. Many of them worked out in their lives the saying that "to do is better than to know," though perhaps if they had heard it they would hardly have understood it. But this kind of life has become impossible, and the problem now is how to introduce unity into the turmoil of modern life.

Like Froebel, when a problem of the same kind presented itself to him, we turn to a change in education for its solution. Much may be done by training children to value things in their right proportions from the first, and by encouraging them to preserve the simplicity and reality of childhood, instead of exchanging them for the shams and conventions of "grown-up-land." Our faith ought not to be less than that of Froebel. It is true that the conditions are now more complicated, but on the other hand the world is now beginning to awake to the immense importance of right education. We are now taking pains to find out what is really wanted in the lives of the poor, instead of trying to force upon them things which we think they ought to want, so that many lives, which would otherwise be very narrow, are gradually being widened in a wholesome way. It is going out of fashion to offer to people, because they are poor, mental and moral food which the givers would decline if offered to themselves. In short, there is more reality than at any former period in the efforts of the rich to help the poor, and an earnest attack is being made in this direction on the contradictions of life. There are many among the rich who are painfully oppressed by the weight of luxuries, which it appears impossible under present conditions to share with others, and are making earnest endeavors to find out the right kind of mercy which shall really bless him that gives and him that takes. It is found that something can be done by offering opportunities for culture, for innocent enjoyment, for participation in simple pleasures, and, to those who are capable of it, for deeper thought. So that here also we find in wholesome education a lessening of the contradictions of life.

And just as a thoughtful teacher learns nearly as much from his pupils as they learn from him, so do those who are engaged in widening the lives of the poor find themselves refreshed and strengthened by the wholesome simplicity, practical com-

mon sense, and steady patience which are so often found among those who spend their lives in hard manual toil. Steady work teaches many lessons which can not be learned in any other way, and when it does not absorb the whole nature, and is such that the worker can take pleasure in it—it is wholesome training. So much is this the case that perhaps what is most needed just now for the children of those who are not poor is this same manual work, if only for a short time every day. In this would be found a cure for many of the nervous diseases which are so common. It would give some knowledge of the nature of the objects with which we are surrounded, and the right feeling of respect for labor which it is difficult to give in any other way. It would develop the physical powers and the natural tendency which children have to help others, a tendency which is very insufficiently developed at present. The work must be useful—one kind of useful work being of course the production of beautiful things—or it will fail in its chief object. The child must not think it is done entirely for his sole benefit, and therefore it must not be done solely for that purpose, as it is no part of sound education to deceive a child for his supposed good.

In a well-conducted *Kindergarten* the children do work which fulfills these conditions so far as it is possible to do so at their age. The right kind of beginning is made. As they get older they should learn to do harder work and work of a more practical kind, and also continue the endeavor to produce beautiful things. There is no kind of useful work which can not be made a pleasure to the worker if set about in the right way. Froebel, in writing of his childhood, mentions the advantages he received from helping his father and mother in gardening and in household occupations.

As in intellectual work, it is very important not to make too large demands at first upon the powers of the child. The development of his powers must be gradual and will then be pleasurable. If a feeling of despair is allowed to arise, progress becomes impossible until the happiness of the child is restored by encouragement. Pleasure and trust in the teacher are necessary conditions of development. Nothing satisfactory can be accomplished by a teacher without close sympathy with and love for the child. An attempt to further the development of a human being by harsh rule and stern command, with threats of punishment, is like pulling the branches

of a tree to make them grow. If the tree be firm and strong, no effect is produced beyond some slight damage to the branches; but if the tree be young and tender, its delicate roots are bruised and broken. Growth does not come by force. The right conditions must be supplied, the right food offered, and then the growth will take place naturally and freely. It is most true, as Froebel points out, that plant-life teaches many lessons about education.

In child-nature there is an infinite variety, and sympathy with the special needs of each individual is necessary for right development. We want to lighten somewhat the pressure of custom which lies upon us with a weight

“Heavy as frost and deep almost as life,”

and to bring out in every child something of that fresh originality of mind which, when it is found, makes even ignorant persons agreeable companions and useful members of society, and which is also the first condition of brilliant success in all work.

Nature is a great healer and sets many crooked things straight. A child's mind, when working under reasonably free conditions, seizes upon that which it requires and disregards that which is unnecessary or hurtful. There is some tendency on the part of teachers in the *Kindergarten* not to realize this quite sufficiently, and consequently to make their system a little too artificial. It is not satisfactory to bind one's self down too rigidly to one method, however good. The laws of mental development are at present very imperfectly understood. Growth often takes place in unexpected ways, or does not take place when we should expect it. The order of development is less rigid and more variable than is sometimes supposed. If this were not the case, there would be more difference than there is at present between a child educated in a *Kindergarten*, and one educated in a well-ordered home. In the home the objects present themselves to the child without any fixed order—he tumbles into knowledge; and this want of system is not without its advantages, seeing that we can not make our systems perfect. Even if a definite system be pursued, some time and opportunity must be given at all stages of education for this chance development. In a home where a child is allowed, under the care of some educated person, to investigate the objects around him and the natural and artificial processes which are conducted in the house and its surroundings, much healthy development may take place with-

out any fixed system. But a life which is limited to the nursery with artificial play-things and a daily walk by the side of a perambulator is eminently unsatisfactory. An ignorant nurse has no idea of the kind of sympathy and help a child requires. Even when she is fond of him she interrupts the workings of his mind with rude laughter. She does not understand how to speak the truth, though if convenient she will stigmatize an unintentional misstatement as a lie. She will capriciously surround him with vexatious restrictions, yet will develop self-consciousness and selfishness by flattery and over-indulgence. This is not a promising state of things; but a determined child, especially if he be fortunate enough to have brothers and sisters, will modify it somewhat by engaging in active and healthy play whenever he can elude the vigilance of his nurse, who is full of anxiety about the state of his clothes, and disapproves of most kinds of games. In a house where a reasonable amount of freedom is allowed, and where the children are intelligent and active in mind and body, they will, unaided by their elders, carry on their development by means of games in a fairly satisfactory manner. This part of education is, however, better managed in a *Kindergarten* than anywhere else. Opposing tendencies are woven into harmony by the experienced teacher, suggestions are made when required, and the needs of all the children are duly considered. Every child takes part according to his ability, and no one is forgotten or neglected. The children are perfectly happy, because they are not indulged too much or over-excited, and the performance is as different from the proceedings at an ordinary children's party as Milton's “heart-easing mirth” from his “vain deluding joys.”—*Macmillan's Magazine*.

Nursing Sick Children.

THERE is no more important branch of nursing, none, indeed, which calls for greater tact and skill, than that of nursing sick children. It is comparatively easy to nurse a child when well, but it tests a woman's best and noblest qualities to nurse it when sick. The whole secret of the management of children is to love them, and more especially is this the case when they are ill. A skillful nurse should read intuitively by a sign, or a cry, what is amiss; crying is very expressive, and is a baby's only language, and an occasional good cry does it good rather than harm, by expanding its lungs. You must remember that a young baby can neither talk, sing, nor

laugh aloud, so that the deep inspirations it takes in crying are the only means it has of thoroughly aerating the residual air in its lungs. Do not, then, grudge the healthy cry which usually accompanies the morning tub.

A nurse should be very gentle and patient with a sick child, but at the same time she should make it understand that she means what she says and must be obeyed. Firmness is the truest kindness to a child, and saves many a struggle in the end; it is a fatal mistake for a nurse to threaten what she knows herself to be unable or unwilling to do. Above all, a child should never be deceived; the perfect trustfulness of a little child should ever be held sacred; when once it has been betrayed it can seldom, if ever, be restored.

It is most unkind and wicked to tell children horrible or exciting stories, which work upon their imagination in a manner scarcely realized by older persons. An effect is often thus produced on the impressionable surface of a child's mind which may not only be productive of brain mischief at the time, but may never be thoroughly effaced during its lifetime. A nurse should also beware of frightening a child by threats of the doctor, as this may lead to serious results in case of illness. If the child be asleep when the doctor comes, it should not be aroused suddenly, but very gently, or by a kiss; there is no occasion to wake a child to feel its pulse or listen to its respiration, both of which may usually be done equally well when it is asleep.

The cries of children vary much, according to the nature of their illness, and are often very significant. In brain disease the cry is piercing and shrill, and the child wakes, perhaps, with a shriek; pain in the stomach usually causes a loud passionate cry, accompanied by a flow of tears; the abdomen is probably distended, and the legs are drawn up. In chest complaints the cry is generally stifled, because the act of crying increases the pain.

The slightest symptoms of illness in a child should never be neglected; infantile complaints develop very quickly, and require, as a rule, the practiced eye of a medical man to discern at once what is wrong. It is most unwise of a mother to attempt to "doctor" her own children. It takes many years of study and experience to make a doctor; how, then, can anyone be competent to prescribe for illness who has only studied the subject, perhaps, from a single book? Even a watch that is out of repair is never intrusted to any but a skilled mechanic; surely, then it is far

more unphilosophical and unwise to attempt to adjust the far more complex and elaborate mechanism of the human body, and this, moreover, when a life may be at stake.

It is, however, very desirable for those in charge of little children to have some general knowledge of symptoms, so as to know what to do in an emergency before the doctor comes; moreover, it is essential that they should have some elementary knowledge of the laws of digestion and of health. More than half the mortality among children under five years of age is caused, directly or indirectly, from errors in diet, such as giving young babies bread, biscuit, or any starchy food before they can digest it, and from the foolish and injurious custom of giving little children a "taste" off their parents' plates. The direct result of wrong feeding is usually diarrhea, and the indirect result is, not infrequently, convulsions or fits.—*From Lectures on Physiology, Hygiene, etc., for Hospital and Home Nursing. By Charles Egerton Fitz-Gerald, M.D., President of the Folkestone Natural History Society. London: George Bell and Sons.*

The Art of Story Telling.

It is a curious fact that children sympathize with the imaginary woes of birds and butterflies and plants much more readily than with the sufferings of human beings; and they are melted to tears much more quickly by simple incidents from the manifold life of nature, than by the tragedies of human experience which surround them on every side. Robert Louis Stevenson says in his essay on "Child's Play," "Once, when I was groaning aloud with physical pain, a young gentleman came into the room and nonchalantly inquired if I had seen his bow and arrow. He made no account of my groans, which he accepted, as he had to accept so much else, as a piece of the inexplicable conduct of his elders. Those elders, who care so little for rational enjoyment, and are even the enemies of rational enjoyment for others, he had accepted without understanding and without complaint, as the rest of us accept the scheme of the universe." Miss Anna Buckland quotes in this connection a story of a little boy to whom his mother showed a picture of Daniel in the lions' den. The child sighed and looked much distressed, whereupon his mother hastened to assure him that Daniel was such a good man that God did not let the lions hurt him. "Oh," replied the little fellow,

"I was not thinking of that; but I was afraid that those big lions were going to eat all of him themselves, and that they would not give the poor little lion down in the corner any of him!"

It is well to remember the details with which you surround your story when first you told it, and hold to them strictly on all other occasions. The children allow you no latitude in this matter; they draw the line absolutely upon all change. Woe unto you, Scribes and Pharisees, if you speak of Jimmy when "his name was Johnny"; or if, when you are depicting the fearful results of disobedience, you lose Jane in a cranberry bog instead of the heart of a forest! Personally you do not care much for little Jane, and it is a matter of no moment to you where you lost her; but an error such as this undermines the very foundations of the universe in the children's minds. "Can Jane be lost in two places?" they exclaim mentally, "or are there two Janes, and are they both lost? because if so, it must be a fatality to be named Jane."

Perez relates the following incident: "A certain child was fond of a story about a young bird, which, having left its nest, although its mother had forbidden it to do so, flew to the top of a chimney, fell down the flue into the fire, and died a victim to his disobedience. The person who told the story thought it necessary to embellish it from his own imagination. 'That's not right,' said the child at the first change that was made, 'the mother said this and did that.' His cousin, not remembering the story word for word, was obliged to have recourse to invention to fill up gaps. But the child could not stand it. He slid down from his cousin's knees, and with tears in his eyes, and indignant gestures, exclaimed, 'It's not true! The little bird said, *coui, coui, coui, coui*, before he fell into the fire, to make his mother hear; but the mother did not hear him, and he burnt his wings, his claws, and his beak, and he died, poor little bird.' And the child ran away, crying as if he had been beaten. He had been worse than beaten; he had been deceived,

or at least he thought so; his story had been spoiled by being altered." So seriously do children for a long time take fiction for reality.

If you find the attention of the children wandering, you can frequently win it gently back by showing some object illustrative of your story, by drawing a hasty sketch on a blackboard, or by questions to the children. You sometimes receive more answers than you bargained for; sometimes these answers will be confounded with the real facts; and sometimes they will fall very wide of the mark.

I was once telling the exciting tale of the Shepherd's Child lost in the mountains, and of the sagacious dog who finally found him. When I reached the thrilling episode of the search, I followed the dog as he started from the shepherd's hut with the bit of breakfast for his little master. The shepherd sees the faithful creature, and seized by a sudden inspiration follows in his path. Up, up the mountain sides they climb, the father full of hope, the mother trembling with fear. The dog rushes ahead, quite out of sight; the anxious villagers press forward in hot pursuit. The situation grows more and more intense; they round a little point of rocks, and there, under the shadow of a great gray crag, they find——

"What do you suppose they found?"

"*Fi' cents!!*" shouted Benny in a transport of excitement. "*Bet yer they found fi' cents!!*"

You would imagine that such a preposterous idea could not find favor in any sane community; but so altogether seductive a guess did this appear to be, that a chorus of "*Fi' cents!!*" "*Fi' cents!!*" sounded on every side; and when the tumult was hushed, the discovery of an ordinary flesh and blood child fell like an anticlimax on a public thoroughly in love with its own incongruities. Let the psychologist explain Benny's mental processes; we prefer to leave them undisturbed and unclassified.—*From The Story Hour. By Kate Douglas Wiggin and Nora A. Smith. Houghton, Mifflin, & Co., Boston and New York.*



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

AUGUST, 1891.

No. 81.

HAY FEVER.

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HAY FEVER is an affection of adult life. Why then write about it in BABYHOOD? Those who will read these pages are interested chiefly in the troubles and the joys of little ones—of babies, and therefore can hardly be supposed to be concerned about a disease of later life. Very true, but the baby is the father of the coming man, and in many cases it is the establishment of hay fever in early life which fastens it upon the sufferer for all his future career. There is also some reason to suppose that effectual and radical treatment of the disorder can only be instituted in early life. I therefore hope the mothers who read this article will find its professional details not without interest, and that one or two suggestions it contains may prove a benefit to those whose welfare is dearer to them than life.

Hay fever got its name from the fact that it occurs in Great Britain about the time hay is gathered, but it occurs in this country as a general thing between August 10th and October 1st. There is a very similar affection—if it is not identical excepting as to time—known as rose, or June cold, but the latter is generally less severe than the former.

When a child for several successive summers has a bad cold, with much sneezing and running at the eyes during August, the parents may reasonably question whether it is not hay fever. The child is most uncomfortable and his symptoms may cause uneasiness, but it is only their repetition at the time of year mentioned which will enable any one to say positively that the disease is hay fever. Should the parents or any of the other near

relatives of the child be sufferers from hay fever, it will be easier to pronounce an opinion, for the trouble certainly runs in families, and often several of those closely allied by blood are sufferers in common from it.

This family proprietorship in hay fever is a very curious thing, and was entirely without visible explanation a few years ago. But the recent observations of some careful investigators have shown that there are certain physical peculiarities, connected with the inner bones of the nose, which exist in almost all those who suffer from hay fever, and which may reasonably be regarded as among the causes of the disease. This new fact removes at least a part of what has been heretofore so mysterious, for it is no harder to believe that there should be family resemblances of the inner nose than there are of the outer one or the lip—such as are well known to have persisted in some historical families, as that of Austria, for centuries. Then it is reasonable to expect that those as yet hidden peculiarities of the nervous system which are partly the cause of hay fever will be as surely transmitted from parent to child as are the mental and nervous peculiarities which are so regularly looked for and seen.

Let the mothers who read this article bear this in mind should any child of theirs have hay fever. Let them do what they wisely can to prevent them from marrying those who are similarly affected—lest their grandchildren, inheriting the disease from both sides, suffer from it in an intensified form.

Should what looks so much like a cold

make its appearance two or three years in succession, the doctor should be informed of the fact, when he will probably advise that the child be taken away the next year at that season to one of those places which have been proved by experience to be safe from the invasion of hay fever. Meantime treat the child properly. If sick enough call in the doctor, but don't encase the child in heavy flannel. Light, thin woolen underwear is very proper clothing for this or any season of the year, but to clothe the child, already feverish and nervous, in heavy, thick clothing at this hot and humid season is little less than cruelty. It is of no use at all if the case is one of hay fever, nor is it good treatment for an ordinary cold. To be properly and warmly clad is wise, but excessively warm and heavy clothing, by producing over-heating, is a prolific cause of many colds. It relaxes the skin, and makes the little patient more susceptible to the currents of air and draughts which find their way through doors and windows despite every care. Then this over-dressing is even more unphilosophical if the patient is a sufferer from hay fever, for in addition to the peculiarities of the inner bones of the nose and the inherited nervous characteristics to which we have referred, a third cause of hay fever, and an essential one, is the existence of certain atmospheric conditions, which cannot be excluded by any amount of heavy clothing.

That one of the chief causes of hay fever, if not the chief one, is to be found in the atmosphere, has been long recognized. But it is by no means easy to say what is the exact character of this detrimental condition. Competent observers both in England and this country have made careful studies of this subject and have found many vegetable spores, or microscopical seeds, liberally distributed through the air during the season of the year at which hay fever prevails, and have naturally concluded that there is some connection between the floating seeds and the disease under consideration.

It has also been found that many weeds and grasses, when mature and abundantly supplied with pollen, are exceedingly irritating to those who suffer from hay fever when brought into

close contact with them. Rag weed, old field balsam, golden rod, Indian corn, buckwheat and many other plants might be mentioned as having been looked upon as particularly obnoxious by those who have made a close study of the subject. Although, therefore, there may not be general consent as to the part borne by any particular plant in producing hay fever, it may reasonably be supposed that either there is one such plant, or as seems more likely, that several plants and grasses are entitled to be looked upon as the offenders.

The conviction that these minute vegetable bodies were the exciting cause of hay fever led some sufferers from it to find places where its attacks could be avoided on account of the absence of such germs, or where at least they were present in smaller numbers. Dr. Wyman found that in certain elevated portions of the White Mountains in New Hampshire, almost complete exemption was enjoyed by himself and others, and as the fact has become known increasing numbers have proved the correctness of the observation. Others, reasoning from analogy, have sought and found relief upon portions of the seashore and more especially upon islands where there is but little vegetation other than that of an exclusively marine character. Experience thus far has united with scientific observation to prove that a residence during the season at one of the places known to furnish exemption from its attacks is the proper, as indeed it is the only sure remedy for hay fever. The writer's own convictions that vegetable matter played an important part in the production of the disease led him to test the matter as far back as 1860, and he has ever since found a residence at an isolated seashore resort during the season a necessity, and many others have enjoyed similar exemption with him at Beach Haven, N. J.

The statement given above, while making no pretense to scientific accuracy, sufficiently indicates the treatment required by hay fever. If it is severe enough to materially interfere with his usual pursuits, and to keep him imprisoned in his house on account of the distressing asthma which increases as time goes on and soon becomes the chief symptom of

the disorder, the sufferer will be compelled to seek refuge at one of the localities referred to. In certain mountain regions, at certain sea-shore resorts, and at sea, the sufferer from hay fever will find relief, but not cure. The remedy must be repeated each year. Marked as is the relief afforded by a residence at one of these localities, there is no ground to expect that the disease will not return next year, and the trip which at first was looked upon as an agreeable remedy, when transformed into an annual pilgrimage which must continue through life, becomes onerous, and from the expense and interference with ordinary avocation it involves, a most serious affair.

Just here is the point of this article, and it is hoped those who have borne with it thus far will give special attention to what follows. Personal observation has led the writer to believe that when a hay fever sufferer has escaped all manifestations of the old enemy for a series of years, by carefully isolating himself at one of the refuges referred to, the tendency to return is not quite so marked as before the attacks were thus avoided. This fact, and that it is one hardly admits of a doubt, holds out encouragement to parents. The grown man or woman who learns how complete may be the exemption enjoyed in the mountains or on the sea can only expect to continue the application of the palliating remedy from year to year, but when he sees the same trouble manifesting itself in his child, he may hope that a prompt adoption of the remedy so regularly and for so long a time each year that no symptoms appear during several seasons, will result in a weakening of the habit and a lessening of so much of the predisposition as lies in the nervous system of the youthful sufferer.

We are all creatures of habit and that which we do at one time there is a predisposition to repeat at another. This disposition is not confined to mental and moral manifestations. It has long been recognized by doctors in the case of disease. The onset of hay fever is gradual. The first attack consists only of more or less severe catarrh. Often for many years there is no asthma present. With each recurring attack, however, the symptoms

become more severe until at last the climax is reached, and what may be regarded as the habit is fully formed. The effect of what we call habit is further shown by the fact mentioned above that the susceptibility of the sufferer from hay fever seems to be diminished by several years of exemption from residence in a suitable locality.

Owing to the inconvenience attending an enforced flight from home every year, it is very hard to persuade parents to send the little sufferer away before the symptoms show themselves and to keep him away until they have entirely disappeared. In consequence even when the advice of the physician is acted upon, it is too often only done in part, and each year the patient has a few of the early or late symptoms; then the opportunity to prevent the establishment of the habit, which exists probably only in early life, is lost.

In adult life the necessity of being away from home every year for so long a time is a hard one. It interferes most seriously with the duties of life. Many patients feel compelled to make their absence from home as short as possible, and the tedium of an enforced holiday still further disinclines them to a full and thorough trial of the remedy either in their own case or in that of the child whom they must accompany away from home. In the case of the adult it makes little difference; he will escape his annual attacks only when he goes away from home, and stays away a sufficient time, and repeats this every year during life. But in the case of a child it is different. There is ground to hope that the remedy, which is only palliative in the adult, will prevent the formation of the habit and even prove curative. Then the time of a child is of little consequence—even the return to school is not nearly so important as anxious and ambitious parents think, and it would seem well worth while to give a thorough trial to any plan which holds out any hope that we may avert the establishment of a disorder which will last for life.

Hay fever does not imperil life—it is even laughed at by those who do not have it—but when at all severe it inflicts much suffering, and most materially interferes with most of

life's avocations by obliging the man who has it to give up all engagements and to practically suspend his business for from four to six weeks in each year. Personal experience of the ills attendant upon hay fever has led to

the writing of this paper, and if its perusal leads to a full trial of the plan suggested in it, and the trial is crowned with success in only a few cases, the writer's aim will have been attained.



HEREDITARY MORAL TRAITS AND HOW TO MEET THEM IN TRAINING CHILDREN.—IV.

BY WILLIAM E. LEONARD, A.B., M.D.,

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IF the mother or nurse has even an incomplete understanding of the child's mode of mental development, she will be saved a vast amount of worry and unrest. She has only to remember that the infant (any child under three years) unfolds its character as the parts of the bud gradually unroll into the flower, and she will not place so much stress upon special developmental changes. Because of its imperfect knowledge and experience, many unpleasant traits are for the time being uppermost in any child. Some of these will be considered in the following hints. At first glance the following headings may not seem to have direct bearing upon moral training, but their relation appears as one reads on.

Impulsiveness.

During the early development of the will, a stage varying greatly in different children, they are seen to do only that which they like or dislike. Having no comprehension of cause or effect, or, as yet, any judgment to guide them, this is not strange. Indeed, many "children of older growth" act mainly from their desires and aversions. Hence, "what they want, is what pleases them at the moment, or what they remember to have been pleased with; what they dislike, is whatever

displeases them or has displeased them." (Perez.)

Remembering this, the mother will have more patience with the exasperating obstinacy and willfulness of the child. A young child should never be punished for persisting in his desires, as he may oftentimes with much noisy remonstrance, unless he goes so far as to get into a passion. A little tact will attract his attention to something else and quiet the storm ere it reach that extreme. Impulse, without reason and judgment, accounts for most of the mental excitements of infancy, and affords no real clue whatever to the character of the child. No mother should mourn such outbreaks as significant, for they usually are not until after three years. Impulse, too, is due to the impossibility of fixed attention in infancy, as was mentioned in my last article, and is the cause of all the weakness, fickleness and caprice of this period of life.

Association of Ideas.

When ideas actually begin to find a place in Baby's mind—and with some precocious ones this is as early as six months—the next step is that of connecting them. Every mother has seen the baby crow and manifest delight at the sight of his carriage, which has

come in his mind to imply a ride in the sunshine or the park. That is a simple illustration of association of ideas. The importance of noting this new power lies in its bearing upon all the rest of the mental and moral life. By gradual progress from easy to easy and like to like, he soon comes to make little comparisons and contrasts, apparently even before he can talk. As he grows older, aside from having all his impressions correct and proper ones, it is very essential that he associate them aright. In other words, he may have many a precept, many a "line upon line," but unless he can actually see those precepts practiced by those around him, by association of ideas, all precepts will be worse than wasted. For instance, it is entirely useless to insist that a child shall tell the truth, and at the same time let him catch you even in an apparent untruth. Many such experiences will completely unsettle him and finally cause him to utterly disregard your precepts.

Dreadful Stories and Scenes.

If you allow the nurse, or any one, to tell your child dreadful stories, alarming in their nature, as of hobgoblins, spooks, etc., you must expect by this same law of association that his emotions will become too easily excited and permanent moral harm be done. Because of such carelessness many a child has been tortured, for instance, by a fear of the dark. Some foolish story very early in life, a story not to be recalled, perhaps, left the association in his mind, and only much exercise of will and reason suffices to drive it out again, and then not always until far into manhood or womanhood. The same is true of terrible scenes. I never could see the propriety, indeed, it always seems to me morally highly improper, for young children unnecessarily to look at dead bodies or be present at funerals. No one can tell how such scenes may act upon imaginative minds, or how long by association they may involve wrong inferences for both theory and practice. It is far better to let the inevitable come to them in later years when more reason can be brought to bear against the shock. Never let a little child fall into the excitement of a crowd, or

witness sickening accidents, for his power of association cannot be measured.

Training Ideas.

All this seems and is rather abstract. But if the mother will strive to recognize the most apparent and habitual lines of association in the little one's mind, she will thereby gain a secret lever by which she can, to some extent, move the springs of character. In all her instruction, mental and moral, this knowledge will give her great advantage over any other teacher, an advantage that belongs by common consent to every intelligent mother. Who but the mother will take the pains so to understand her children, and to whom will they be more safely bound in later years? From the selfish standpoint of a parent, if from no higher motive, the increased love and respect spontaneously given by children thus treated, simply because they feel most keenly in later life that their mother took pains to understand them, repays for the necessary effort a thousand-fold.

Such instruction should begin of course with the senses. Little by little, as these become better than those of savages and certain animals, through experiences of the parents' own careful choosing, the faculty of judging and acting connectedly should be cultivated. For instance, if you have taught your child to form some estimate of distances, *i. e.*, trained his vision, beginning with the simple units of measure, you can lead him on to a comprehension of long distances, and finally into some idea of the mighty spaces taught in astronomy. Whether the object be purely intellectual or ethical, the correct foundations must be laid very early by inculcating the simplest first principles, and insisting upon their being rightly and thoroughly understood.

Imagination.

Very young children, especially those of delicate nervous organization, should not be left alone for any length of time in their waking hours, for, even if entirely well, they will soon be heard to scream lustily. Grief and anger do not account for all this, since the free play of these emotions, at a very tender age, gives rise to we know not what

sentiments and images of the imagination. Bright children of three years and upwards have much imagination. This is an inherited trait which should have prompt recognition by the mother and as prompt direction. A boy of my acquaintance about five years old, well drilled in biblical literature and much given to imaginative flights, came home from school on May 29th, and told his mother that the next day was "Resurrection Day!" Such a mistake should not be laughed at, but rather taken as an index of a fine mental quality which should be carefully trained by proper reading and instruction as the boy develops. Such children live in a realm of poetic fancy of their own creating, and should be treated with the utmost tact and gentleness. Harsh punishment is never right with imaginative children. The majority of children, in fact, are mentally as well as bodily very sensitive to blows. Many parents can recall the pitiful, trembling little figures shrinking in every fibre. Rather should children be governed by appeals to their emotions and desires. The forfeiture of a promised trip, as punishment for disobedience, or a day in bed away from his playmates, means more to such a child than several "whippings," and will have far better moral effect. The old man who has not yet forgiven his mother for the "thrashings" of old days (quoted by Perez) is a needed warning to some parents.

Judgment.

Do not expect this faculty to be developed too soon in a child. For the first years the child conforms to the following description by Pérez: "All that they see, they believe exactly as they see it. All that is told to them, rises in vivid images before them. All the ideas that are suggested to them, appear to them in a visible form (by the exercise of imagination, without judgment), and they instantly proceed to execute or imitate them. All this explains the powerful influence of example on these pliable little spirits, and also the contagious effect on them of sentiments expressed by words and gestures." A little girl of two and one-half years is run

away with and thrown out by a horse after which she has constantly ridden. Upon going out again behind him after the accident, she reassures herself by telling her mother, "He won't make fool any more, will he, mamma?" She had often heard her father call the horse "an old fool" for not behaving on the road, and expressed herself in her father's terms.

Later, when judgment is evidently asserting itself, the parent should always take into account children's many sources of error, viz., the spontaneous and often incorrect use of their own untrained faculties, their mistaken understanding of language, and, more than all, his own misinterpretation of their language as conveying special meanings to their minds. Instructing children properly, meeting all their mistakes without injustice, and still retaining their respect and affection, requires all the acumen of most parents, and involves far more concentration of thought and purpose than is usually given, in order to bring about desirable results. A well-known and brilliant pastor of a large city church once told me that he often felt that, even after twelve or fourteen years of careful observation and conscientious study, he did not yet know his boys as he should, so varied and unexpected were their mental moods. Every thoughtful parent can understand this. My purpose will be accomplished if I emphasize the necessity of parents beginning this study very early in the career of their children.

Sexual Morality.

Upon this important and delicate point, all the stress placed in these articles upon the early recognition of inherited tendencies needs double emphasis. Dr. Elizabeth Blackwell, in "Advice to Parents on the Moral Education of Their Children" (p. 85), sums the subject up better than I can, as follows:

"The following points, bearing on the moral education of childhood and youth, must be considered by all parents who are convinced of the saving value of sexual morality, viz.: observation of the child during infancy, acquirement of the child's confidence, selection of young companions, care in the choice of school and of studies which will not injure the mind, the formation of tastes, out-door exercise, companionship of brothers and sisters, the choice of a physician, social intercourse and amusements. The earliest duty of a parent is to watch over the infant child. Few parents are aware how

very early habits may be formed, nor how injurious the influence of the nurse often is to the child. Watchfulness over the young child, by day and night, is the first duty to be universally inculcated. Two things are necessary in order to fulfill it, viz.: a clear knowledge of the evils to which the child may be exposed, and tact to interpret the faintest indication of danger, and to guard from it *without allowing the child to be aware of the danger.*"

This last clause is the most important of all. A mistake in arousing the little one's suspicion or curiosity would be almost as fatal as not recognizing the danger.

Later, when the child is old enough, best just before the age of puberty, it is the solemn duty of the mother, or without her, the father, to explain, not bluntly in literal language, but as clearly as possible, in terms that appeal to reason and somewhat to the imagination, the relations of the sexes. This need not be done all at once, but gradually, as occasion comes. Many heart-burnings and much sorrow from ignorant errors will be thereby prevented. I believe this to be one of the most serious and unavoidable obligations placed upon parents.

Moral Instruction.

I believe it to be a very great error to teach small children formal religious doctrines. If each is a child of God, and not of the devil, conceived in innocence and not "in original sin," the remnants—"remains," some say—of inherited good will in due time come to the surface in thought and speech, and need then only be guided in proper channels. These may be, in my opinion, smothered by too much early inculcation of the details of formal religious instruction; smothered, because when,

with awakening reason and judgment, they attempt to reconcile their primitive and simple ideas of good with all that has become commonplace by repeated iteration, they become discouraged, lose reverence for good things, and unwittingly sink into disregard of the whole subject. If the idea of God as a loving Father and mankind as his children is early taught, all other necessary facts and precepts will logically follow as the structure of character is upbuilt upon these sure foundations.

It is a scientific fact, as expressed most aptly by Perez (p. 85), that: "The mystery of their own existence and of the existence of the world does not interest or preoccupy young children, unless they have their attention directed to these subjects; and, in our opinion, parents are very much mistaken in thinking it their duty to instruct their little ones in such things, which have no real interest for them—as to who made them, who created the world, what is the soul, what is its present and future destiny, and so forth."

The more simple the first principles of moral teaching laid down in the first years, the more careful the parent is to instruct by example rather than by precept, the less there will be to unlearn in the future, and of far greater strength and completeness will be the moral character resulting.

In this ethical sphere, as in the physical, treated in my former articles, I believe with Perez: "There is no hereditary defect which education cannot lessen or do away with."



BILLROTH'S "CARE OF THE SICK."

PROFESSOR BILLROTH, the famous Vienna surgeon, justly says, in the preface to the admirable volume issued under the above title: "Let every woman and every girl interested in

the care of the sick cheerfully take this book into their hands. In it they will find, I hope, many things that will enable them to help and benefit others." He offers not only to those who wish to adopt nursing as a profession, but to every mother, useful hints for the sick-room, and the information is so clearly conveyed that there is little justification for his fear that he may have

* "The Care of the Sick at Home and in the Hospital,"—A hand book for families and for nurses, by Dr. Th. Billroth, Professor of Surgery in Vienna, etc., translated by special authority of the author, by J. Bentall Endean. Charles Scribner's Sons, New York.

"written much that goes beyond the ordinary thinking powers of nurses in general." We cannot do better than present our readers with a few extracts from this most useful volume.

Cooling of the Sick-room.—No less important than heating in winter is the cooling of the sick-room in summer; then it is necessary, above everything, to keep the sick-room windows open all night long, and partially to close them toward eight o'clock in the morning. Where rooms are exposed to the sun Venetian blinds should be fixed: those are the best, like the Marquise, which can be pushed outward and kept in this position by rods. The room may be cooled by placing therein large blocks of ice in shallow tubs, so that the ice-surface is as large as possible. Spraying water and eau de Cologne does much to cool the air, and will be refreshing. As the effect of "spraying" is not lasting, it must be often repeated, yet not too frequently with eau de Cologne, because, if used in large quantities, it acts as a narcotic. Lastly, large branches of trees in a vessel of water in the room contribute to the coolness, as will also large wet sheets hung before the open windows.

Fumigation.—Here and there the opinion still prevails that fumigations improve the air in the sick-room, or, possibly, produce something analogous to ventilation. Fumigations with pastilles, fumigating powder, and similar articles, emit such a smoke as to render the offensive smell less observable; yet the latter is far less injurious than the smoke, which is only imperfectly-consumed carbon and ashes floating in the room. To thoroughly fumigate a room, pour vinegar or eau de Cologne upon a heated fire-shovel, or let a strong spray-producer be used for a time—first with fresh water, and then with fragrant waters (those containing turpentine, such as conifer-spirit, extract of pines, etc., are specially suitable).

Night Lights.—In a sick-room there must always be a light throughout the night. Gaslight in the sick-room I do not find injurious, although some doctors say they do. Formerly, when little was known of the management of gaslight, accidents occurred even in sick-rooms, but, with ordinary care, these cannot easily happen. Turning a gaslight low for the night does not diffuse a disagreeable smell, but the nurse must remember, if the light should be blown out by a draught of wind, at once to close the tap or the unburnt gas will escape into the room, and this may not only be offensive, but may lead to suffo-

cation or explosion. If the gaslight is placed so that it cannot be easily shaded, turn it off and replace it by some other kind of light; most patients are disturbed by seeing the light, it keeps them from falling asleep, or makes them wake easily. Petroleum lamps are useless for faint illumination at night; on turning them down a bad odor is emitted. Good oil lamps are best, or floating night-lights, or the very thick stearine night-lights, with fine wick; but the uniform continuous burning of the last is so uncertain that their quality should be tested by experience before relying upon them. If the light goes out in the night and cannot be relighted, it is very troublesome. Tallow candles emit too strong an odor, and must not be used.

Recognition of Various Infectious Diseases.—To mothers of families and nurses it is of interest to know somewhat of the way in which measles, German measles, scarlet fever, and small-pox begin. Recognition of these diseases at their commencement is not always so simple as the unlearned believe. All are wont to begin with fever more or less violent; in all, at the beginning, redness or red spots, or nodules, are found upon the mucous membrane of the palate and throat, then upon the skin; in the first hours even the experienced doctor sometimes find it very difficult to diagnose which of these diseases is before him, when he is not justified, from contemporary cases in his practice, in concluding, with some probability, on the specific illness. It is a rule that *every feverish child should be immediately put to bed and be kept quiet.*

Generally in measles, very soon after the introductory fever, spots appear upon the soft palate; then the eyes are reddened, they weep, and are sensitive to light; frequent sneezing, trickling from the nose, coughing supervene; four or five days after the commencement of the fever the eruption appears in the form of small red spots and most minute nodules, or maculæ, first on the face, passing to the body, the arms, and lastly to the legs.

In German measles, the lightest and most quickly passing of acute skin diseases, the phenomena are very similar to those in measles, but the small red spots appear almost simultaneously with the fever, which is mostly slight, sometimes is wholly absent. Children generally are so slightly affected by the attack that it is not deemed necessary to keep them in bed.

Although scarlet fever in many cases may run its course very lightly, yet, for children as well

as for adults, it is one of the diseases most feared, because it is often accompanied by diphtheria. In scarlet fever, the introductory fever (which, in many other epidemics, runs its course very slightly) is generally very violent, and sometimes comes on with such intensity that children succumb to it in a few hours. It is usually accompanied with shooting pain in the throat, severe headache, somnolence, or sleeplessness; at times with vomiting and spasms (convulsions). Ordinarily, spotty redness of the skin appears on the first, sometimes only on the second day; primarily on the neck, chest, hands, thighs, then spreads over the whole body, often attended with violent smarting and itching. Of late, the same treatment with baths, packings, douches, and ablutions has been adopted as in typhoid fever. Often the troublesome itching is much lessened by frequent washing, and repeatedly changing the linen and the bed. Some doctors order embrocations with lard or oil to alleviate the itching, and these, like the washing, must be done on the different parts of the body in succession.

With these eruptions, as with many feverish illnesses in children, it is most important minutely to examine the throat (pharyngeal organs). With refractory children, persuading or shouting at them is of no use, and a nurse must be inexperienced if she thinks in this way to make an examination possible. With children, the best and quickest way, and that least distressing to them, is to set the child upon the nurse's lap; her legs must hold the legs of the child, and her arms must hold the arms of the child securely; a second person must fix immovably the head of the child, clasp it by both sides, and inclining it backward.

In scarlet fever, as in many other diseases, it is of great importance for the doctor to see the urine frequently; unasked, the nurse must show it to him. This is best done in glass vessels.

Chicken-pox is a slight illness—fever and other precursors are often absent; small red spots, isolated, are sparsely spread over the chest, neck, face, arms and legs, and on the second day these become small vesicles, which, on the fourth or fifth day, are again dried up; sometimes there is no fever; in other cases the temperature is increased, with sore throat, which soon subsides, and with vesicles on the palate and tongue. Children suffering from it are confined to the bedroom; when not feverish, lying in bed is unnecessary. Isolation is as needful as in true small-pox, for many doctors believe

that true small-pox can be acquired by transmission from this lighter form of it.

Whooping Cough (choking cough, spasmodic cough, blue cough) prevails largely among children, but it may be communicated to adults. Most probably the infectious matter is contained in the expectorated and vomited mucus, and therefore it is forbidden to allow others to use pocket-handkerchiefs that have been used by such patients. That the infectious matter is in the excretions alone has not been proved. At its commencement children cough only as in ordinary catarrh, the cough being without any special character. This preliminary stage can last from one to three weeks; then the paroxysms of true spasmodic coughing begin, which are combined with gasping inspiration, and usually finish with retching and vomiting, when a viscous mucus is expelled. During the paroxysm the anxiety and difficulty in breathing are great, the child often becomes quite blue, the eyes bloodshot, and blood also may be mixed with the vomited mucus. Rapid eating and "gulping down," screaming, or much running bring on the paroxysms; these, however, may come on frequently in the night, probably from the saliva and mucus of the mouth running into the larynx. Twenty to thirty paroxysms daily are usual; at the height of the disease, from sixty to eighty often occur. As a rule, the whooping-cough stage lasts from four to five weeks, followed by its slow abatement during from one to two weeks.

Suitable medicine is a question for the doctor. During the frightful coughing one would like to help the child, but then very little can be done. The head must be so held as to facilitate retching and vomiting, and the mucus must be taken from the mouth with a handkerchief. Older children must be ordered to refrain from screaming, raging and everything that can provoke a paroxysm. Lying high in bed at night is desirable. From observation, adults learn how to shorten the paroxysms by taking, at their commencement, the least possible, and very superficial, inspirations. In the attack, if suffocation be imminent, the finger is quickly put far into the patient's mouth, and the root of the tongue is pressed down. Generally the disease runs its course without fever, hence it is better not to keep children in bed, but, in fine warm weather in the daytime, to let them be much in the open air without permitting them to get heated by running.



THE DECLINE OF SENTIMENT IN CHILDREN.

BY CAROLINE B. LE ROW.

THE "material tendencies of the age" are strikingly manifested in many different ways, and in none more strikingly than in the change in the emotional and affectionate nature of the youth of the present day. Those of us in middle life or old age occasionally look back to our own youth, that of "a long time ago," and the instinct of comparison is strong within us. Who can fail to be struck with the difference between now and then?

Once nothing was more common among little folks than the homesickness consequent upon even a brief absence from the family. How many children who have cried to "go a-visiting" have, before twenty-four hours of the visit had expired, cried still harder to be taken home again? Nothing could console them for the separation from father and mother, brother and sister, pussie and doggie. How, years after, when "wandering on a foreign strand," they have yearned in the same way for the home faces, counting the days and years until success in business should make it possible for them to cross oceans or deserts to be "home again" once more.

Homesickness is not a desirable condition, nor one for which a tendency should be cultivated, but the cause of it is the love which is "the greatest thing in the world," and, if we are to believe poets, preachers and philosophers, has done more than all other things combined to keep the earth sweet and wholesome.

Are children ever homesick nowadays? Are they not, on the contrary, eager for change and novelty, and capable of enjoying it to the utmost wherever they find it, whether papa, mamma, and baby share the pleasure or not? Are they not quite philosophical when sent away to boarding school or college, and quite resigned, even, to spending the vacation at the house of some classmate, rather than returning to their own homes? Do they not endure with commendable equanimity the departure of father or mother to Europe or to the West when the care of health or the claims of business makes such separation

necessary? It is impossible to ignore the fact that each successive generation of children experience less emotion than their predecessors, and consequently enjoy less as they suffer less. The bogies of the dark no longer haunt the chamber to terrify them, nor does Santa Claus any longer come down the chimney to delight them. The law of compensation holds good for the child as for the century, and for much that they have lost they have gained something.

Think of the conditions of the age! Pictures, books and newspapers nearly overwhelm us; lectures, concerts, entertainments of all kinds abound on all sides of us; the electric light, the telephone and the phonograph have given an additional and intoxicating life to us. Never was there so much intelligence, ambition, enthusiasm, pushing and struggling in the world as there is to-day; never was there so much beauty of nature and of art, so much luxury and display. Travel was never so habitual, so easy, so tempting. The atmosphere of daily life, even in country towns remote from the great throbbing centers, quivers with the excitement and is dazzled by the brilliance of it all. Into this highly charged and intensely stimulating intellectual atmosphere are our children born, a condition undreamed of when their fathers and grandfathers entered upon their inheritance of the world. Where there was formerly but one toy for the child, and that, too, often hardly got, truly appreciated, tenderly cherished and deeply loved, there are now hundreds easily attainable, but not one which is of any particular value or interest. The surfeit of picture-books gives far less pleasure than the one single volume, fingered perhaps into tatters, and kept at night under the child's pillow. Christmas brings children so many and such varied gifts that their heads are turned literally, as well as figuratively; they are bewildered, wearied, and too often disgusted with the confused, and consequently unsatisfactory assortment.

Certainly sensitiveness in a child is a cause of great suffering, and often quite as much so to the

parents as to the child. The absorbing affection which leaves the little one heart-broken at a temporary separation from father or mother is something to be deplored and carefully reasoned with. But is there no middle ground? In place of the too much of human sentiment of former and less distracting days, is there not great danger of too little in the artificial, kaleidoscopic life of the present? too little love, respect, obedience,

sympathy and generosity? It is a grave question for parents to consider, whether we do not run great risk under existing social conditions of fostering in our children a hard, cold and indifferent spirit, an independence of thought and action, a calculating and selfish disposition, which, developed in those who are to be the men and women of the future, will seriously hinder the moral and spiritual progress of the race.



SCIENCE FOR CHILDREN.

BY KATE F. REIGHARD.

IT is quite unnecessary to urge the teaching of science to young children. Most mothers who read *BABYHOOD* are familiar with the arguments; but many mothers who know the value of the study of science feel unable to attempt the task of teaching their children. They think they must have some special training or they must take a text-book and follow that in routine order, and, instead of finding it a pleasure, they find the time has been spent unprofitably, and reluctantly give it up. If a mother is in earnest and enthusiastic, and takes a few well-chosen books as a guide, and is eager to learn for herself, both she and her children will succeed in growing most interested in the plants and animals about them. She must be willing to say frankly "I don't know" to the many questions that are asked her by the little ones, for, as a rule, children do not think any the less of one for perfect honesty about the lack of knowledge. It is almost useless to try to teach young children to do systematic work. My idea is to teach them the common plants and animals about their homes, and so instill a love for science in them that when they grow older they will want to learn more.

Start with insects. In your walks in the woods, look under the old decayed logs for the many beetles that may be lurking there. Oftentimes they are very beautiful and even brilliantly colored. Look on the lilac bushes, fences and underbrush, especially down toward the roots, for the dull-colored masses of silk that form the cocoons of the caterpillars. The sharp eyes of

the children will quickly find them. Take them home and keep them in a warm place. Any time from May on till summer the moths may hatch out, hang to their cocoons by their six hairy legs until their damp, shapeless wings gradually expand and dry and the beautiful, fern-like antennæ straighten out, and then they sometimes lay their eggs and are ready to fly away.

It is hard for the children to believe at first sight that a butterfly or moth was once a creeping caterpillar or worm, or that the gay beetles and buzzing fly were once maggots or grubs that burrowed and lived in decaying matter or in apples and other fruits. Try and make clear to them the difference between caterpillars and "fish worms," which have no further development. All during the summer and fall many kinds of caterpillars can be collected and fed with the fresh leaves of the plant or tree on which they are found. For safe-keeping put them in a box with a little damp earth in it, and tie netting over the top. The children can watch the worms as they feed and grow, and when their skins become too tight for them pause, grow pale, bend up their backs, swell up their rings and split their coats down the back. Then they draw out their heads, and then their tails, and come forth fresh in color and begin to eat again. They go through this splitting about five times; and now the worms that change into the moths, spin their cocoons on the twigs or sides of the box, or else change into chrysalids within the damp earth. And the worms that change into butterflies find

firm places, make little buds of silk, and clinging to them with their hind feet hang head downward, throw off their last skin and hang there for about three weeks, strange looking objects, sometimes very beautiful in green coats with golden knobs.

All summer long the study of spiders can be made very fascinating. Watch a spider spin her web in a fence corner. Running about, she finds a spot to start from, and, pressing her abdomen against it, leaves there a little bit of sticky silk. Then, standing motionless with hind legs aloft, she gives out from her spinnerets a light, floating thread. Longer and longer it floats out, and by and by the end catches on a bush or twig. Instantly the spider feels the pull; for

"The spider's touch, how exquisitely fine,
Feels at each thread and lives along the line."

She touches her body to the sticky lump, and then runs along the thread, and makes it stronger as she goes. Using this thread as a tight rope, she spins others, and catches them here and there on bush and twig, until her foundation is built, upon which she stands to build her real trap to catch her food. She also makes little nests to hold her eggs, from six to eight hundred; these are sometimes found rolling about the ground or under stones, usually near the spider's web. The next spring, when the warm weather comes, the young spiders struggle out of the eggs and the cocoon. They cling together in a ball for about a month, then separate and begin to spin webs as their mothers did. They cast their skins many times before they grow up, and after that once a year, if by chance they fail to be eaten by the birds or their other enemies. Many spiders build for themselves homes, to which they become most strongly attached. There is one little spider that the children will never get tired of watching, if you can confine her in a given place. This spider for several weeks carries her baby spiders all over her body and head, and sometimes they even cover her eyes. They grow, develop, throw off their skins, and even devour one another.

There is no end of wonderful things that can be told the children about ants and bees, and especially the ants. How they make nests which are real houses and cities, make roads, lead armies to battle, carry their enemies into slavery, keep cows, and milk them, too, and last, but not least, how they nurse and tend the baby ants. Catch an ant, and even without a magnifying glass the children can see the tiny

spurs on each leg which are used as toilet brush and comb. If you see an ant doing dirty work, she often stops and brushes off the dust and dirt with these handy articles.

If you are not afraid of being stung, take a honey bee and look for the hairy baskets on the thighs of its third pair of legs. Perhaps you may find balls of bee-bread packed there, ready to be carried home. And don't forget to tell the children the way in which bees, more sensible than grown folks, ventilate their houses.

Along in March or April, or even at any time, start an aquarium. This can be very easily done, even in the city, at very little expense. Take any kind of a large, open-mouthed jar. A very good sized one will cost but a dollar and a half. Get some water plants and moss and anchor them with clean pebbles and stones—there is no need of having sand or soil, for they get all their nourishment from the water. Place the jar in the sunlight, and when streams of little bubbles keep rising from the plants the aquarium is ready for its occupants. Frequent trips can now be taken to the neighboring ponds and creeks, and even mud puddles. I find that a corn-popper or a tin dipper tied to a long pole is next best to a regular dip-net. Plunge this into the water and run it along the reeds and grass of the bank, and then flop it over quickly on the ground. These quick movements usually catch the crayfish or crabs. They are quite shy, and at the slightest disturbance dash tail first into a hole and sit twiddling their long whiskers at you. In the early spring you are apt to find the female with masses of eggs glued to her swimmerets, on the under surface of the body. It is very interesting to watch her maneuvers to keep her precious burden safe. She flaps the swimmerets to and fro so that a constant stream of water keeps the eggs clean. Care must be taken that they are not kept in too deep water. They will eat almost anything, even to one another's claws, but seem to prefer fresh meat, or better still, an angle worm. From time to time the crayfish cracks open along his back, then he wriggles and writhes, twists, turns his eyes inside out, throws up and out the lining of his stomach, shakes his legs free, sometimes leaving a claw behind in his hurry, then in his soft and unprotected state he crawls behind a stone to grow another hard skin. It is very curious to see the eggs hatch. Each one produces a comical little creature, not much larger than a pin head, which hangs to a thread attached to the mother's tail. They grow rapidly,

and after a few days will venture to swim alone, but at the slightest disturbance they hasten back to their mother. If the crayfish flops out of the jar during the night, and you find it dead on the floor in the morning, do not throw it away until you have cut open the body and shown the children what a queer grinding machine there is in the stomach, which does away with any need of teeth.

While fishing for the crayfish, you are quite sure to find snails and those cunning little water babies, the tadpoles, and perchance, the caddis-fly worms, that conceal themselves in their little houses of hollow stems of grasses and broken reeds. They show their heads and legs, but at the slightest danger they retire. They cover their houses with bits of leaves and stems so as to escape notice. In the mud, too, you will find the clams, perhaps with the little baby clams among their gills, and also a needle-like bug called the ranatra. This funny thing breathes through its tail.

The children will never tire of watching the snails crawl leisurely up and down the sides of the glass, opening and shutting their mouths, eating the vegetable growth of the glass and keeping everything sweet and clean. There will be no need whatever of changing the water if the plants grow well and care is taken not to overcrowd it with animals. There should be a complete equilibrium between the plants and animals. It may be well to suggest also that you should not put in too much rock-work. Of course, a large rock displaces a certain amount of water and the water is more valuable to the inmates of the aquarium than rock-work.

Of all the funny little creatures of the aquarium the newt, which is usually called a lizard, is the most comical. He is a regular little clown and causes no end of fun. Now he is poising by one foot on a leaf, and now "treading water" like a bather. Again he is suspended monkey-like from the stem of a plant, then perhaps sitting upright like a squirrel at the bottom of the tank. Next he is darting hither and thither in a frolicsome mood. His development is very curious as he passes through eight or nine transformations before he gets his perfect form. It is very easy to get little fish and minnows. And fortunate are they who can capture a pair of sticklebacks and watch them build a nest under water. With little care all these beauties can be kept during the winter, and they will be a never ending source of delight and interest to the little ones, especially on stormy days. A bit of scraped meat is all that is necessary for food, but a greater relish I found for them

was to keep a box of angle worms in moist earth, covered with old leaves, down in the cellar.

There is no need to go on with a whole summer's work in zoology, but add to what has been spoken of the birds with their nests and eggs.

Much can be done too in the study of botany. Set the children to planting corn, peas, beans, and pumpkin and other seeds, if in winter, in boxes of earth, between folds of paper, cloth or cotton, kept warm and damp and suspended over water with the roots in water. Right here tell them how nature plants her seeds. Let the children dig up the roots and notice how they grow and compare them. Collect and press sets of leaves, arrange and paste them on cards. Give each a name and name the shape. Have the children learn to draw accurately every thing they see. This seems a hard undertaking, but it can be done, and you can have no idea how invaluable it will be to the child in after years.

In the spring clip off the ends of young branches and see how and where the buds will grow during the summer. Show them all the parts of single and double flowers and compare the pistils, stamens, and later on the fruits. Draw their attention to the climbing plants; those that climb by roots, as the English ivy, trumpet-creeper, morning-glory and beans; the leaf climbers, as the clematis, tomato vine and pea family, and then again the tendril climbers, among which are the grape-vine, melons, Virginia creeper and many others.

What could be more intensely interesting to wide-awake children than the wonderful insect-eating plants. Whether these plants are really hungry or whether it is wanton destructiveness, it is hard to tell. Among these curious plants are the verbena, petunia, pitcher plant, drosera or sun-dew and the water-plants, utricularias; these last grow nicely in the aquarium. They can be found in almost any muddy pond. Scattered along the stems which have no leaves are many little bladders or bags into which the unsuspecting animals, mostly the mosquito larvæ, are attracted, and held there by a trap or valve, until they are finally digested or absorbed right into the circulation of the plant.

If any of the forms of plant or animal life that have been mentioned are hard to get, substitute others and vary the course of study according to the material found around your own home. The secret of success will lie in putting before the children's eyes all the things that you can find and let them change and grow in your

presence. Let the children tell about them in their own way. It is your part to lead them on and learn with them. It is too true that most women recoil from crawling worms and "slimy" things, but I think that is easily overcome. At any rate you must not expect a child to like to touch an animal or grow interested in anything that brings a look of disgust to your face.

It does not take long to see how much a mother, as well as the little ones, will gain from even a superficial study of science. It takes them out into the fresh air and brightens up the listless children, and sometimes a cross mother. It makes a daily walk full of interest, and above all it arouses an admiration for Nature, that grand old nurse.



THE MOTHERS' PARLIAMENT.

Baby's Bath.

—To the young mother the most delightful, and at the same time the most nervous,

task of the day is washing and dressing the tiny tyrant of the household. A few hints on this important and oft-recurring duty may be of help to some youthful matron.

Make it a point of conscience to allow no hands but your own to perform Baby's ablutions. Nobody, not excepting the most careful nurse, will give a child the peculiarly tender handling which is the true mother's gift. No one else will be as unselfishly observant of all his needs and wants, and patient with fretfulness and restlessness.

Before beginning the work, have everything in entire readiness and laid convenient to your hand. All the little garments must be well aired and hung over a chair or small clothes horse, which stands by the baby-basket on your right. The tub may be on your left, and you should be seated near a fire or register in cold weather, out of the draught in summer. It is of prime importance to keep your child warm during the process of bathing and dressing, and, to accomplish this, the room may be of such a temperature as to make you slightly uncomfortable. Nevertheless, endure it. Do not let the thermometer fall below 70 degrees.

Always test the bath with a thermometer. Opinions vary as to the proper temperature of the water; but it is safe to affirm that, for a warm bath, it should not be lower than 96 or higher than 104.

Have two large aprons, one of cotton flannel,

the other of plain, heavy flannel. Wear the former and hang the latter in front of the fire, that it may be ready to wrap about Baby when he emerges from his bath.

Use no soap but old castile, and only the purest powder. A small, soft sponge, which should be soaked for several days after it is bought, is an excellent thing for cleansing the body; but use a square of worn linen for washing the face.

When Baby is undressed, wash his face and ears gently with the bit of linen, dipped in clear, warm water, and dry immediately. Then, with the sponge, which has been wet and rubbed on the soap, lather his head thoroughly, also his hands and the parts of the little body where the accumulated perspiration is apt to cause soreness or disagreeable odor. On this account great care should be given to the neck, if the child is fat, for there the creases and rolls of flesh are especially sensitive.

The soaping completed, lift Baby gently, not to startle him, into the bath, and with the sponge wash *all* the soap from the head and body, and splash the water over the chest and shoulders. If you make a frolic of this, the little man will soon learn to crow with delight at the fun.

A child often screams lustily on being taken from the water. To lessen the causes of this vociferous protest, wrap him, still dripping wet, in the warm flannel apron mentioned above. Wipe the head dry, and then, little by little, the rest of the body; first baring one hand and arm, drying that; then the chest, the other arm,

and so on, until no trace of moisture remains. To prevent chafing, do not rub the flesh, but *pat* and press it dry with a soft old towel, paying particular attention to the creases.

To make the child firm, strong, and less apt to contract cold, rub his back, legs, arms and head with equal parts of warm water and alcohol. This should be applied with the warm palm of the hand, and the gentle friction should continue until the skin is dry and in a glow. Now powder thoroughly—using the white vaseline (which does not mark the clothing) on any parts of the body which are chapped or reddened—and dress the little one as rapidly as possible. Remember that rapidity does not mean fussy haste; that irritates the child and makes him nervous.

In spite of all care and tenderness in following these directions, Baby will sometimes become weary and have occasional attacks of crying. During the tedious dressing time, vary his position as frequently as possible. When you can do so, lay him on the bed while putting on such articles as socks, napkins, etc., which can be adjusted while he lies at his ease.

Above all, talk to him brightly and cheerfully and never lose your patience. Baby is marvelously sensitive to mamma's whims. If she feels cross and fidgety, he becomes fretful; if she is unruffled and smiling, the probabilities are that, unless he is not well, he will be merry and cooing. Did mothers realize this useful bit of knowledge, and act accordingly, we would hear less about "troublesome babies."

When weary and overwrought, do not visit your uncomfortable feeling upon the precious morsel of humanity to whom you represent life, happiness, and everything that is dear and sweet—because you are his "mother!"—*Virginia Franklyn, Brooklyn, N. Y.*

—I have a receipt for crisps, which my little ones enjoy much, and which I consider far more wholesome than

Cooking Granulated Wheat.

crackers. Take four and a half cups of fine granulated wheat, mix with it eight even tablespoons of sugar and two of salt, add two cups of cream, mix well and knead steadily for fifteen minutes, keeping hands and board well floured.

Roll very thin and bake in an ungreased iron pan in a quick oven. Take out when the first shade of brown appears. If just right, they will be brittle and filled with air cells. The wheat meal is so tenacious that the dough can be

rolled out nearly as thin as a sheet of paper. It is better to cut into squares with a knife than to use a cutter, as there is no dough left to be re-kneaded.

One of the nicest dishes that I prepare for my children's supper is also made from the fine granulated wheat. It is a mush, made in the proportion of one pint of the meal to three pints of milk and water, equally mixed. If carefully made there are no lumps when finished, and it is delicious. I have found the following the most satisfactory way of making it: Mix with the dry meal three even tablespoons of sugar and one even teaspoon of salt. Mix this with one pint of the cold milk and water, heat the rest to the boiling point and add a little at a time; return all to the pot and place over a brisk fire, stirring constantly till it has boiled five minutes. It is a favorite dish with my little ones. The fine granulated wheat can be obtained from the Philadelphia Cereal Food Co., 632 Arch street, and from the Health Food Co., 74 Fourth avenue, New York City, and probably from leading grocers in all cities.—*A. C. B., Leaman's Place, Pa.*

—I find very little in **BABY-Premature Births.** HOOD about premature births, and my experience with a seven months' child may help some one. My baby weighed at birth 2 pounds 15 ounces in April, but was strong enough to nurse. Her toe-nails were not developed, but she had the beginnings of finger-nails. Her jaws looked as if all her teeth had been extracted. She had blue eyes till about four months old, when they turned brown like the other children's.

The Gertrude suit was worn from the first, with the undergarment made of all-wool webbing instead of canton flannel. We were especially careful to keep her clothing dry, and every time a diaper was changed we did her feet up in hot flannels till she was two or three months old. We often used a 2-quart rubber bag filled with warm water for a mattress; but after the hot weather came this was unnecessary. In the hottest days she wore only the dress and undergarments. At six months the skirts were shortened to reach the ankle, and long woolen stockings added. She did not wear shoes till after she learned to walk, but when she began to go out they were necessary.

We did not give her a daily bath for some weeks, as we could examine the whole body without disturbing her, and only bathed her when

necessary. She nursed once in four or five hours for the first two months, and slept all the rest of the time. After she began to look like a live baby she ate every hour-and-a-half in day time, and twice in the night. I could not make the intervals longer. At five months we gave her her first meal of artificial food, and four tablespoonfuls distended her stomach so that we could see it plainly under the skin. My other three children were bottle-fed, because of abcesses in both breasts after the birth of my first child. I wish the editor could know how grateful we are for advice given on page 376, Vol. III, for we could hardly have hoped to save this little one on artificial food. Till the tenth week the breast furnished enough to satisfy her, but from the tenth to the twenty-second week she was apparently half starved. As she was gaining all the time, my physician advised me to wait till September before trying experiments. From the twenty-second to the twenty-sixth week we gave her, in addition to breast milk, one meal of Mellin's food with cow's milk, and afterward "flour-ball," prepared *à la* BABYHOOD, was substituted for Mellin's food. As the supply of breast milk failed, the number of meals of flour-ball and milk was increased, till at one year she was having one meal a day from the breast and was then weaned. She did not lose an ounce from her birth till the fifteenth month, when the milkman confessed that he did not wash his cans for a week. Is it any wonder she lost?

After our experience with the milk man I added 10 drops of Listerine to each cup of milk. She had only three natural movements of the bowels up to the time she was six months old, and I could not boil the milk as it constipated her. After a time I thought the Listerine checked the flow of urine, and I discontinued it.

I give a summary from my note-book as follows:

| | |
|----------------------|--------------|
| Height at birth..... | 12 inches. |
| " 12 months..... | 27 " |
| " 24 "..... | 32 " |
| " 3 years..... | 36½ " |
| Weight at birth..... | 2 lbs. 5 oz. |
| " 12 months..... | 17 " 8 " |
| " 24 "..... | 25 " |
| " 3 years..... | 29¾ " |

Teeth came in following order:

Upper and lower incisors 12th to 13th month.
 Upper lateral incisors, 15th month.
 Upper and lower molars, 2 years.
 Lower lateral incisors, 25th month.
 Upper canine, 26th month.
 Lower canine, 27th month.

All the teeth were good except the upper cen-

tral incisors. They were imperfectly covered with enamel, but have not decayed.

For the first year-and-a-half she took no solid food. At eighteen months, she began to chew bread, but did not swallow any till she was about two years old; at two years she began to chew meat, but at three years seldom swallows it. I do not know whether to urge her to swallow it, or leave her to follow her own inclination in the matter, as she did with bread. Her diet at three years consists of three pints of milk daily, with as much as she chooses from the table. This seems safe in her case, as she only eats potato, eggs, oatmeal, custards, sponge cake and apple sauce. We never use pie, doughnuts, pork or hot bread. She shows little desire to taste new dishes, so we seldom have to refuse her. Her lungs are sensitive to cold air, still, and every cold in winter causes a cough, so we have to be careful to keep her warm. Otherwise, she seems as strong as our other children.—*U., New Hampshire.*

—We have been constant readers of BABYHOOD since the first number was issued, in 1884, and have received so much help from it that we have often desired to express our thanks to all the contributors, and our appreciation of the efforts made through this channel to assist the better development of children, physically, mentally and morally.

Hoping it may be of use to some perplexed mother, I offer my experience with ringworm of the scalp. Our "No. 2," a sturdy little girl of about four and a half, complained of a small spot on her head itching; it was thoroughly brushed and the head washed. A few days after this the hair was found to be broken off close to the scalp on a space about as large as a quarter of a dollar. It was treated according to the directions of a hair-dresser but it grew worse, spreading to other parts of the head. Our family physician seeing it, sent us at once to a specialist who pronounced it ringworm of the scalp. He ordered the hair to be shaved close from the entire head, and prescribed Chrysarobin. Vigorous treatment was begun at once. Each morning the bare head was thoroughly washed with Cuticura soap, the crust carefully lifted and destroyed. A pair of small tweezers were found useful in taking the crusts from the affected spots. The most trying part of the treatment was applying the lotion to the raw surface, but this is what tells in the treatment. It required all the nerve of both mother and daughter, but both realized the neces-

sity of preventing this terribly tedious disease from gaining ground. At night the lotion was again applied but without removing the crust. Alcohol was freely used, particularly toward the close of the disease, when the medicine was applied but once a day. The hair was kept shaved, and a little cap of thin white material worn until the disease disappeared. Alcohol was used twice a day for two or three weeks after all signs of the parasite were gone and the little patient took cod liver oil and silica. It was exactly three months from the time we began the treatment until the cure; and although we have heard of a number of cases under apparently good medical treatment, we know of none so speedily cured as our own. We refer entirely to well-cared-for children, not the neglected poor, diseased from birth. It is not quite one year since the hair began to grow, and our little Pussey Willow has a better head of curly hair than before. We believe the disease was carried to the head from a spot on her body discovered about the same time. No other source of contagion could be discovered after careful search.—*M. L. D., Orange, N. J.*

—In reply to the request, in a recent number of **BABYHOOD**, for an account of some of the discussions held by the “**Mothers in Council.**” I regret to say that no full record of them was kept, mere outlines and summary of the talks being all the Secretary’s book contained.

For example, the question of extreme sensitiveness to reproof led to the following conclusions:

Correction when needed must not be omitted, but the mother should always be careful to pet the child afterward to make him feel that love, not anger led to the reproof. One mother thinks personal chastisement does no good, while others believe in the gospel of spanking, and think it disposes of the thing in a wholesome way, that leaves less morbid pain than results from more delicate measures.

All agreed that morbid and lingering pain must be avoided and that every-parent should aim to bring the child gradually into a cheerful habit of trying to correct himself by appealing to his self-reproach.

While physical pain is to be avoided when possible, there seems to be a brief period in childhood, when the reasoning powers are not so fully developed as the will, when such correction is wholesome and may save a later and far keener pain.

The question of Sunday and its occupations

brought up a discussion of European customs. John Calvin playing at bowls and Martin Luther at places of amusement Sunday afternoon were mentioned; also the rebuke of our Saviour to the Jews—“The Sabbath was made for man, and not man for the Sabbath.” The feeling was strong that we should maintain carefully the sacred associations of the day. One mother keeps certain playthings which her little ones never use except on Sunday. Very pleasant books of Old and New Testament Stories, by Josephine Pollard, were mentioned as valuable helps, though some prefer to give their children the sweet, simple, strong language of the Bible itself. Music—the singing of hymns—is also a great delight to children, helping to make the day what it should be, different from others, and, in a sweet and holy way, better than the week day. Religious training should commence at a very early age. The habit of reverence and of looking to the Heavenly Father can be formed before its use can be understood, just as forms of politeness are taught without the possibility of their being fully appreciated.

I wish to recommend again Mrs. Malleson’s little book, “The Early Training of Children,” published by Heath & Co., of Boston, and would urge “S., Wadesville, Va.,” not to be discouraged from the formation of a Mother’s Circle, unless she is absolutely without neighbors; but to believe that the mental friction which results from interchange of ideas often strikes a spark in most unexpected places. It is precisely in the most unpromising neighborhoods that such meetings of mothers, called together by one earnest woman, may yield the richest harvest by creating a union of noble aims and interests, and so preventing the narrowness of selfish cliques, so much more frequently found in small towns and villages than in the cities. It is only when each mother becomes interested in all children that her helpfulness will become broad and deep enough to solve some of these difficult problems. As well try to keep one’s own garden in the midst of a field of thistles as to attempt the training of one’s own darlings with a soul regardless of other needy little ones.—*Hontas Peabody Daniells, Madison, Wis.*

Mothers’ Unions in the Light of Science.

—A recent issue of one of the evening papers of this city, alluded to the fact of the existence of so-called Mothers’ Unions in all parts of our States from the smallest hamlet to the metropolis. If this be so there is much hope for the improvement of the race in the

near future. The especial form of union described in that article is not a desirable one, though it contains the germ of good things in it, from which better ones might readily be evolved.

The dear grandmothers shook their heads and were not at all in sympathy when Baby's ways and Baby's necessities began to be tabulated, and claims for system in the nursery were urged. They could not see the slightest need of nor use for our BABYHOOD, and yet, in spite of all predictions to the contrary, the magazine finds its way, month after month, year after year, into homes far and near, bringing comfort and renewed strength to the mothers, more system to the nurseries, and we are safe in saying, more happiness to the little ones.

The claim for Mothers' Unions is not based upon any idea of a lack in all the homes of the past, nor does it mean the least disrespect for motherdom as heretofore understood, but this is the age of specialism, and while conceding all good that has been done, it is believed that a greater quantity of it could be achieved by those who have the keeping of the rising generation, if to their love were added whatever light modern thought and science have shed upon the path specially trodden by mothers.

It is from no disrespect to the great teachers of the past that methods of instruction are everywhere undergoing radical changes. The new needs demand them imperatively, and it would be most

deplorable short-sightedness that would urge the claim of generations of successful teachers who had not had normal training in psychology and the like. Not all are fortunate enough to be born good teachers, or good mothers, and much weary, useless drudgery, many sad hours of unavailing copying with unforeseen results will be spared the trained mother as well as the trained teacher.

These unions are to an extent predicated, too, upon the known fact that the children are the fruitful source of thought and conversation among mothers everywhere, but that such talks are of no value unless based upon something systematic and authoritative. Hence, with assigned portions of Locke, Rousseau, Richter, Spencer, Preyer, Hall, or kindred authors for a home lesson, these ladies meet with one or more prepared questions or papers from which the discussions are evolved. As far as possible the personal element so much deprecated by the aforesaid newspaper is eliminated. There is no reason why the particular John or Jane should be mentioned; it is the mental or moral attributes with which these mothers are contending, and no suggestion of gossip is congenial. The work demanded is rigorous enough to exclude levity, and no one can respect the sacredness of the home more than those who feel that the child of to-day needs its mother on the highest level possible to her, and that she can gain something from a union with kindred spirits.—*J. M. N., New York City.*



HINTS FOR THE TOILET OF CHILDREN.—II.

BY CHRISTINE TERHUNE HERRICK.

AMONG the many popular fallacies concerning babies, none is more absurd than that which dictates that a child's finger-nails shall not be cut until he is a year old. Instead of being clipped, they are to be torn or bitten off! The violation of this rule is supposed to entail the penalty of thievish propensities upon the child—to make him light-fingered. Such nonsense would be hardly worth consideration, were it not held as an article of faith by many nurses and some

grandmothers. The sensible mother will cut her baby's finger-nails as often as they need it. They should not be trimmed away at the corners, as is done by the manicure to the nails of an older person. This is not needed until the child is several years old. As he advances in age careful watch should be kept that there are no incipient hang-nails to cause discomfort and disfigurement.

The nails should never be cut down to the quick. Much better is it to keep them the

proper length by frequent trimming or filing than to let them grow unduly long and then cut them very short. Children, and grown people who indulge in much manual employment, cannot allow themselves the luxury of nails of the fashionable length, but if they persist in the habit of cutting them to the quick, the tapering shape of the finger tips will in time be lost, just as the tops of the fingers will spread and flatten if the nails are not kept rounded away at the corners. A beautiful, well-kept hand is always a pleasure to the eye, and even if it is not shapely it may be made attractive by proper care of the skin and nails. Good soap should be used, and after washing some such lotion applied as glycerine and rose-water or glycerine and bay-rum, to prevent the skin's chapping. The baby's toenails should never be neglected. Often a baby's peevishness has been traced to a toe-nail that has carelessly been permitted to grow until the end had almost buried itself in the tender flesh. The toe-nails should be cut straight across with infants as well as with adults, the corners slightly rounded, but not cut away too much at the sides, lest the pressure of the shoe and stocking should crowd the flesh against the edge of the nails and produce ingrowing. If any trouble of this sort is threatened, a tiny triangle should be cut from the middle of the nail, trimming down almost into the quick. As this grows up, the nail will draw away from the edges to fill up the cut in the middle. For a confirmed ingrowing nail, a good chiropodist or, better yet, a physician should be consulted. When a baby's or a child's feet have been washed, the spaces between the toes should be carefully dried and lightly powdered to prevent the chafing of the tender skin.

Children seem to possess an inborn horror of having their ears washed, and it is singular that even in cases where they have always been treated with the utmost gentleness and never subjected to the harsh handling that makes "tubbing-time" a terror to many youngsters, they still almost always shrink from the cleansing of the ears and nose. Often there is a battle-royal between nurse and child before this part of the toilet can be satisfactorily performed. In such cases it is best for the mother to undertake the washing of those delicate organs, and, by the tact and gentle diplomacy few nurses possess, rob the operation of part of its terrors. A certain judicious mother bestowed a name upon each of her small boy's ears. One was Jacky, the other Tommy. Tommy was generally ex-

emplary while being washed, but Jacky was always naughty and had to be scolded vigorously, and sometimes even gently pulled by the hand of the small boy, who became so interested in the colloquy his mother carried on with the imaginary Jacky and Tommy, that he quite forgot he was the victim and not they.

It goes without saying that hard substances should not be introduced into a child's ears or nostrils, unless it is absolutely necessary to do so in order to remove the accumulation of hardened wax or mucus that has gathered there. When this must be done, the mother should proceed with the utmost gentleness, bearing in mind that an unguarded touch might do great harm to the tender membrane. If the wax in a child's ears shows a tendency to cake and harden, it is well to occasionally moisten it with a single drop of warmed glycerine, poured into the ear. In like manner the gatherings in the nostrils may be softened by making a child snuff up a little melted vaseline, or inserting a little in the nostrils on the end of a twisted morsel of linen.

The powdering of children should not be discontinued at too early an age. Even up to the time when they are three or four years old they should be powdered about the neck, under the arms, and in all other parts where the rubbing of one fold of skin upon another is liable to produce chafing. In hot weather especially is such powdering advisable, only then it should be bestowed upon the whole body.

Nothing is more refreshing to a tired, heated child than to strip him, sponge him gently from head to foot with warm—not cold—water, powder him lightly, and dress him in fresh clothing. This plan is suggested for the benefit of the small children who have discontinued their day naps, and who become tired and cross before the end of the long summer's day. The sponge bath and change of garments will often prove as efficacious in restoring good humor as would a half-hour's rest. The plunge bath is better taken either upon rising or retiring. It is no more cleansing than a carefully bestowed sponge bath, and is so much more relaxing that a child is liable to take cold if he goes to play immediately after his "tubbing." In the morning, the time he takes for his breakfast gives him the opportunity to benefit by the reaction that follows the bath, and at night his going from his plunge to his bed precludes the danger of chill.

Cold water used to be considered a panacea for many ills, but it seems of late years to have been

almost superseded by hot water. For bruises, and sprains, stings, etc., the application of hot water or hot wet cloths is advocated, and for weak eyes especially, hot water is considered beneficial. Its use is a precaution that can do no harm in these days when so many children suffer from eye troubles. The eyes should be bathed once or twice a day in as hot water as they can bear. The plan should not be adopted while the child is too young to express intelligibly whether or not the heat is strong enough to produce discomfort, and in any case the mother should test the temperature of the wet cloth by laying it against her own eyes, before she bathes with it the eyes of the child.

A word of caution concerning babies' eyes may not be amiss here. The little creatures occasionally suffer from sore eyes for which there is appa-

rently no cause. If the eyes have reached this condition while the child is under the care of a nurse, the mother should investigate and see whether soap or soapy water may not sometimes get into his eyes. Of course, the face never is, or, at least, never should be washed with soap, but a few drops of soapy water may trickle from the head into the baby's eyes, and these are very likely to produce slight inflammation. Another cause of sore eyes and weakened vision may be found in the carelessness many nurses and mothers display in exposing children's eyes to the full glare of the sun. The little victims are given their airings with their heads arrayed in brimless caps, seated in unshaded carriages, where the wind and sun are allowed to have their own way with the tender eyes.



OCCUPATIONS AND PASTIMES.

Home-Made Circus and Museum.

THE idea came through the circus. To city children the advent of the circus is hailed with joy, yet they have zoological gardens in their parks, and museums of natural history. The children of "pastures green," total strangers to animal life, except the domestic kind, look forward to the annual arrival of a traveling show with unbounded delight, not alone for the beautiful horses with tinselled and spangled riders, but for the animals, those wonderful creatures, known to them only by pictures. From the day the circus was advertised the children gave their recollections of the year before. The toddlers listened with opened eyes, incomprehensible to them that "one would fill up this room." The day before the circus little three-year-old was taken ill. More indefatigable than memorable Toddy's "wants to see wheels go round," was his cry to see the "ammamals." What could be done? Nothing could console him, until an aunt said soothingly, "Never mind, we'll have a circus of our own in bed." Curiosity quieted him, and while he slept, a formidable array was produced.

As many advertisements as could be found were pressed into service; the animals were cut out, and to prevent tearing, mucilaged on to paste-board. One of the older children, who had quite a talent for coloring, painted them as nearly like nature as possible. In all there were about forty; the child was perfectly contented, and the "circus" proved such a source of untiring amusement, that the idea of a "museum" was evolved.

A large dry-goods box forms the "building." Arrange it in three floors, devote one to animals, one to birds, and one to fishes. Cover the walls with illustrations from old magazines, scrap pictures, anything representing animal life. If possible, let the picture show, say a camel crossing the desert; an ostrich with his head in the sand; a tiger in the jungle; a polar bear amid ice and snow; a beaver constructing his lodge; in short, let the picture be indicative of the animal's characteristics and home. The floors can be used for tin, wooden or rubber animal toys, provided they give a correct idea of the animal. An old piece of looking-glass furnishes a suggestive

floor for the fish department, and the metallic ducks and turtles, although not of the fish kind, are not out of place with wooden, tin or paste-board fishes that swim on this glass sea.

It is not alone natural history that can be taught by means of this "museum." Geography plays no unimportant part; in a surprisingly short time the children learn that certain climates produce certain animals; that for instance, the camel or reindeer could not be of service to us. They learn too, in what countries the various animals are at home, and of what use they are. Each picture can in this way be made to teach a two-fold lesson.

From the little one's paper museum, there came to the older ones the desire for a real one. Butterfly-catching was the first attempt, and before the summer had gone, a little cabinet made of a walnut-stained starch box with a glass front, showed a very pretty collection. A present of two gold fish started a little aquarium, which soon contained a turtle and a tadpole, whose change to a frog was a more wonderful transformation than any performed by Cinderella's fairy god-mother. A stuffed owl was the next addition, and the nucleus was formed. So as "great oaks from little acorns grow," do profit and pleasure spring from trifling amusements, and, whereas these things may not be needed in cities, where the little folks have so many advantages for mental advancement, in villages, remote from towns, where resources must be from within themselves, it is the mother's duty, as much as to devise clothes for their bodily need, to plan such entertainment for her children as will bring the outside world to her own hearth, and in play educate them.

Uniontown, Ala.

B. R. P.

Our Summer Vacation.

LAST year, on the 9th of May, our little daughter, Elsie, three-and-a-half years old, was taken ill with scarlet fever. We decided, as soon as she should be strong enough, to take her into the country. An uncle kindly offered us the use of a tenement house on his farm, which was three miles from the city. Her papa could not leave his practice, and at last it was arranged that an intimate friend and her two boys of four and ten years should accompany us.

We had the house put in order, cleaning and fumigating it thoroughly, and finding water in the cellar from the spring rains, we threw open its windows and the door, used ten pounds of

unslacked lime combined with copperas, on the cellar bottom, and whitewashed the ceiling and sides. We considered it healthier to sleep in the upper story. We did not do any baking, bringing our supplies from home on Mondays and Wednesdays, but cooked vegetables bought from a neighboring garden. Our milk, cream, butter, eggs and wood were purchased from uncle. It was only a walk of five minutes, and the children considered it a great treat to go after the milk and stop long enough to watch the chickens, ducks and rabbits belonging to the other house. We hired a carriage and used our own horse. That horse was a great comfort, being so gentle and intelligent. Tom took her to pasture very gladly for the pleasure of a half-hour's ride each day on her back.

And now you ask what the children did those long summer days. When breakfast was over and our morning work done, we called Kitty, hitched her up and took a two hour's ride. We always carried with us a supply of old books in which we preserved any wild flowers that we found on our journeys. Each child had a blank book into which we transferred the pressed leaves and flowers. I cannot give you any idea how highly they prize these books, and naming the flowers and leaves recalls the happy time they had in the country.

After dinner the children went to bed for a half hour. They rested, but rarely slept. When they came down we selected flowers from our bouquets (our house was a blossoming garden) and had some lessons in simple botany, learning sepals, petals, stamens, pistil, stigma, style, seed-cup and pollen. We named trees from our leaves. Then they scampered away to build stone play-houses under the trees, or to catch dragonflies or grasshoppers. Once they held a circus in the house with grasshoppers. They took lessons, no doubt, from the lambs, for Scott called his mamma in great glee one nightfall, saying that every one of Uncle Daniel's lambs was a circus lamb. On rainy days they built houses and barns from two sets of kindergarten blocks, played with their toys and listened to stories. Then they had the whole barn for a playhouse. When did a child ever fail to find something attractive in a barn?

We felt so thankful that the children were not afraid of anything. Everything was beautiful to them.

The children spent many happy hours picking up stones with shell impressions. They also saved lichens, oak balls, tree moss, cones, acorns,

all sorts of chloroformed insects and beautiful (?) hens' feathers. We carried with us a school-book on zoölogy, together with "Cats and Dogs" and "Feathers and Fur," by James Johannot.

Elmira, N. Y.

C. W. M. B.

Amusement for Little Travelers.

My little girl, three years old, had trouble with her eyes, and I was obliged to take long and frequent railroad trips with her to consult an oculist.

I found that there was nothing which afforded her so much entertainment and relief from the weariness of the journey as a pair of blunt-pointed scissors, with which, when she was tired of cutting, I could make strings of dolls, furniture and sleds out of paper and visiting cards.

Chicago, Ill.

M. E. B.

Autumn Lessons from Nature for the Little Ones.

I WONDER how many mothers realize what a store of material the autumn brings for both present and future instruction and amusement for the little ones. Those who live in the country are especially fortunate, as they have this wondrous storehouse of nature at their very door; but those in town, with only a small back yard and a few trees, are not wholly destitute of material.

Quite early in the season the work may begin. There are many beautiful varieties of grasses which the little folks will take delight in gathering. To these may be added wheat, oats, millet, etc., if your house happens to be near a farm. Care should be taken to gather these before they are too ripe, as they do not break apart as easily. While the children are gathering these treasures, they will learn to distinguish many of the varieties by their names, and mamma may help by holding interesting little talks with them about the wheat, oats and grass; which is food for man, which for animals; how ours must be prepared before we can use it as food, etc. Later the beautiful golden-rod and sweet cicely may be added to their store. With a little aid from mamma these may be arranged in a fancy jar or vase, so as to be really ornamental, and will be pointed to with great pride by the children as the result of their own work.

It is not, however, until the first frosts have left their traces that the real delight of the little ones begin. The many-colored leaves will furnish them with amusement for days and weeks. Take your sewing out under the trees some after-

noon; let the children put the bright leaves in your belt, and crown you with a wreath of them, if they want to. Then have some lessons out there in the sunshine, although the children will never think of calling them *lessons*. The smaller "tots" may be taught the principal colors, and will very soon be able to bring mamma a red leaf or a brown one, as she may call for it. After they are familiar with the colors, let them hunt out various shades of the same color, and arrange in rows, thus training their eyes to be accurate. For those old enough to count, you may direct them to make a certain number of piles with so many in each pile. From this go on to teach simple lessons in addition and multiplication. If you have the advantage of a variety of trees, teach them to distinguish the leaves of the different kinds, and tell them something of the fruit and habits of each one.

When the leaves have assumed their brightest hues, let the children gather each day a certain number of the leaves which to them seem the prettiest, and let each child carefully press his own in a large book. Maple leaves, the five-leaved ivy and sumac are among those which retain their color best. Some ferns may still be found in sheltered nooks, and these make a beautiful addition. When they have a sufficient number pressed, procure them a book (a cheap scrap album will do nicely), and with some help they can make one of the handsomest of picture books. The leaves and sprays may be arranged in all sorts of fanciful designs, taking care not to crowd too many on one page. The easiest way to fasten them on is with a little glue or adhesive paste, not covering the back of the leaf entirely with the glue, but putting it on in little patches just sufficient to hold the leaf firmly. I have a little friend who takes great delight in pressing leaves for what she calls her "bury 'em" (herbarium).

If you do not live near the fields and forest, do not fail to give your children at least one day's outing after the autumn has come, and in that day let them gather material which can afterward be utilized at home. Let us remember that these principal lessons they learn from nature are not all the good they derive from the training. While gathering these leaves and grasses they learn to observe and think, and more than all to love and reverence the wise Creator of all.

MRS. N. B. HARRINGTON.

Bowling Green, O.



“THE ODE TO FRANCE” AND “THE PRESENT CRISIS” IN THE NURSERY.

BY FANNIE WILDER BROWN.

“Since first I heard our north wind blow,
Since first I saw the Atlantic throw
On our fierce rocks his thunderous snow,
I loved thee, Freedom!”

Number One stood on the beach with feet braced and head thrown back, facing the “thunderous snow” of the wind-tossed ocean. He had gone down after a long storm to see the breakers, and as soon as the first wonder was over, broke out energetically with the newly-learned lines from “The Ode to France.”

“But what makes the ocean salt?” he asked, “and how did the ocean come to be there, and how did the land come to be here, and what was it all made for? I haven’t quite made up my mind what folks were made for yet.”

“I will tell you,” replied Mrs. Interpreter, “what the Hebrews thought about how things came to be,” and she began repeating:

“In the beginning God created the heaven and the earth, * * * and God said: Let the waters under the heaven be gathered together unto one place, and let the dry land appear, and it was so.”

“But, Mrs. Interpreter, is this true?” questioned he, with amazement.

“This is what the Hebrews thought: ‘And God said: Let the earth bring forth grass.’”

“Well! when you get through telling me what the Hebrews thought, please tell me what we think about it, will you?”

At home, again, Number One had it all to tell to Hurdy Gurdy, as they ate their supper together in the nursery. They ate and talked and talked and ate, and fourteen slices of bread and an unmeasured quantity of milk had disappeared when Number One exclaimed: “And oh! Mrs. Interpreter, Hurdy Gurdy can say ‘Since first,’ too, can’t you, Hurdy?” Hurdy Gurdy, spoon still in hand, began with:

“As a boy the rattle of thy shield at Marathon
Did with a Grecian joy through all my pulses run”—

“Mrs. Interpreter, what is ‘pulses run’?”

The answer “The little brooks that run in your wrists,” was highly satisfactory to him, and

“Now tell us about the rattle at Marathon,” said he, as they began to undress. So that was the subject of their “good-night story.”

As the rest of the poem was learned, Number One delighted in the lines

—“wrong’s shadow backward cast,
Waves covering o’er the ashes of the dead blaspheming past.”

Early one morning, some weeks later, the nursery fire had just been raked down, and the glowing coals shone through the grate, while beneath lay a little pile of white ashes waiting to be removed. Down went Number One full length on the floor in front of the grate.

“Oh, Hurdy Gurdy, come! see!”

“What is it?” asked Mrs. Interpreter, wondering at the two prostrate figures.

“We are looking,” said Number One, with dignity. “We are looking at ‘the ashes of the dead blaspheming past.’”

After “The Ode to France” the class took up “The Present Crisis,” which did not seem to interest Hurdy Gurdy as much as the preceding poems had done. Number One, however, asked all sorts of questions, and the more gruesome the lines the greater the gusto with which he repeated them. His vivid imagination caught the picture of the utter degradation of the slave:

“Till a corpse crawls round unburied,
Delving in the nobler clod;”

and he kept Mrs. Interpreter explaining until he had mastered the meaning of the lines:

“But the soul is still oracular, amid the market’s din

List the ominous stern whisper from the Delphic cave within;

They enslave their children’s children who make compromise with sin.”

The poem was learned, the class discontinued for the season, and the warm spring days brought new interests to the inhabitants of the nursery. After a long bright morning in the sunshine, Mrs. Interpreter called the children to get ready for lunch. Up to the nursery they came, Number

One with uplifted arms, his outstretched hands black as Mother Earth could make them.

"My child! what have you been doing?"

Said the child, sedately: "I have been 'delving in the nobler clod.'"

A rainy day kept small boys in the nursery, eager to help Mrs. Interpreter sew.

"Now don't crowd about me quite so closely, little ones, I cannot stir if you do. You may move your chairs as far as this seam in the carpet, but no nearer," said she.

"No, that is over the line, Number One. Do you think it a good way to mind, to go just as far wrong as you dare?"

"I don't want to *mind*," said he, "I want to 'compromise with sin.'"

"A startling wish for a child not yet 'five old,'" thought Mrs. Interpreter; "what will become of him?" But her heart was cheered as shortly after she heard him repeating:

"New occasions teach new duties; Time makes ancient good uncouth.

They must upward still and onward, who would keep abreast with truth;

Lo, before us gleam her camp-fires! we ourselves must pilgrims be,

Launch our Mayflower, and steer boldly through the desperate winter sea,

Nor attempt the Future's portal with the Past's blood-rusted key."



NURSERY PROBLEMS.

Questions of Diet; The Daily Bath.

To the Editor of BABYHOOD:

My baby girl is eighteen months old. She has ten teeth and two more almost through. She has walked since she was fifteen months old; weighs 26 pounds without clothes; has never had any serious sickness, and has always been a remarkably good-natured baby. She has always been troubled with constipation and occasionally her breath is bad. I give her an injection every morning. She takes a little over a quart of undiluted milk in twenty-four hours, and sometimes a small bread crust, her meals being four hours apart. She sleeps eleven hours at night without waking, and about two hours through the day.

(1) Shall I make any change in diet through the summer, and if so, what? What ought her diet to be in the fall?

(2) Is there anything I can add to her diet to remedy the tendency to constipation?

(3) How old should she be before she can take her meals with the family three times per day?

(4) Is a daily bath necessary at eighteen months?
Ohio. X.

(1) The food is apparently adequate for the summer. In autumn let her take gruels with her milk or thin porridge.

(2) The porridge will be likely to help the trouble somewhat.

(3) Two and a half to three years old, but she

will probably need a glass of milk with or without a bit of bread, or some equivalent meal between the breakfast and dinner. The evening meal should not be with the family, as the child should be in bed by or before 7 P.M. until it is five or six years old at least.

(4) A tub bath is not. A sponge bath is desirable daily through life.

A Catarrhal Throat Trouble.

To the Editor of BABYHOOD:

Our baby boy is just nine months old. He has always been a very well baby with the exception of a slight throat trouble about which I should like to ask your opinion and advice. At times—perhaps five or six times a day, or perhaps not more than once in two or three days—there seems to be phlegm in his throat, though he never raises any phlegm, and until he clears his throat by some one or another of his baby calls, the phlegm seems to rattle up and down in a most distressing way, though it does not seem to bother him in the least. I thought at first that this phlegm came from a slight cold, but I have watched him closely and do not think it does, for as soon as his throat is cleared that is the last of it for a time. I fear that this trouble may have been inherited from me, for I have always had more or less discomfort with my throat, in that I have a constant tendency to clear it. While I was

carrying Baby I was much freer of the trouble than I have been for years.

(1) Do you think that he has simply inherited my trouble?

(2) Or do you think that it may prove to be something worse, and if worse, what do you think will be the nature of it?

(3) Do you consider it very necessary to consult a specialist about it? It would be very inconvenient for me to do so since I am miles away from any physician. Can you suggest any home treatment?

Belvedere, Cal.

T. E. H.

(1) The child probably has a catarrhal condition in the back of its nose and throat. We do not suppose that he inherited the trouble, but that he did inherit the peculiarity of constitution which makes it easy to acquire such a trouble. He cannot of course at his age expectorate, so the phlegm remains longer than it would with an older child.

(2) The result probably will be ultimately much the same as in your case. The natural results of these cases vary. But by care now you can lessen or cure the trouble.

(3) The only home treatment feasible in so little a child is to keep up his general condition and keep the nose clear. You would better see a good physician, even if you cannot take the boy to him, and get from him directions for a spray apparatus and a lotion suitable to the case.

The Fruit Diet Colic.

To the Editor of BABYHOOD:

I was much interested in reading the letter in a recent number of BABYHOOD from the lady who had tried the fruit diet before her baby's birth and found it a failure. I feel like shaking hands with her, and saying, ditto, only more so. I tried it, but not to the letter; denied myself bread, which to me is literally "the staff of life." I was, at my confinement, in severe labor six hours, and then my baby had to be taken with instruments (*not* assisted), and after three months I am still very weak and nervous, have a very "colicky" baby, and am inclined to blame it all on the fruit diet system. This is my second child. I think if a woman be moderate in her eating while pregnant, take sitz baths and a good deal of out-door exercise, it is by far the best and wisest plan. I feel now as an old lady said to me about the fruit diet, "The Lord knows his own business better than we do."

(1) Can you tell me what to give my baby to stop the cause of this dreadful colic, or how can I find what is the cause? I have tried all the teas that any one can suggest and all were of no use.

(2) If a baby has colic at first why should it stop at three months? The worst spell my baby has had has been since he was three months old.

Pennsylvania.

E. N. M.

Your experience with the "fruit diet" is not unusual. BABYHOOD has often enough expressed its disapproval of the method. We have just received from an esteemed correspondent in the West the report of two cases in which it was tried;

we have space to give only an abstract of them. In the first, after a pregnancy of more than the usual length, the child weighed $3\frac{1}{2}$ pounds. The birth was naturally enough an easy one, but the child died in a few hours. The mother required a couple of months of tonic treatment to regain her strength. In the other the labor was also easy, but the child was much emaciated and saved with difficulty. It had cleft palate, a defect which, as the readers of BABYHOOD have had pointed out to them, is often observed in the young of carnivorous animals which have been denied a proper amount of animal food. It had also a hernia, and at a year old weighed seven ounces more than at birth. This mother bore before and after, when not on the "diet" during pregnancy, healthy children.

(1) We cannot. The colic is due to indigestion, but whether its food, whether from breast or bottle, is not of the right quality, or whether it had an enfeebled digestion, we cannot say.

(2) There is no such rule. It is true that the development of the digestive organs does away with some kinds of colic, because they were due to food which the child could not digest until that time. But as a general rule, the colic may continue indefinitely, or may cease at any time.

Cereals Suitable for Baby Diet; "Driving in" Eczema.

To the Editor of BABYHOOD:

(1) Could you give to us young mothers in the columns of BABYHOOD (or tell us where the information can be found), the names of cereals suitable for baby diet, and let us know of them under three headings—laxative, neutral and binding? It would be such a help in governing baby's bowels by means of the food given, and would widen the number of cereals with which baby's diet is varied.

(2) Is it really dangerous to try and heal eczema on a child's face? My baby was afflicted with it until eight months old, and I was warned not to attempt to heal it, as that would "drive it in" and produce some form of sickness as a result. Our physician prescribed zinc ointment (which did no good) and said it would probably last until Baby had all her teeth, then it would go away. At grandmother's suggestion, however, I tried a mild solution of salt and water when washing Baby's face, following that each time with talcum powder, and this did more good than anything else. Then we went to the seashore, where Baby had the salt air, and sea water for a final plunge after each bath (the chill taken off by the addition of plain hot water), and within a couple of weeks the eczema had disappeared. We remained by the sea until Baby was ten months old, and the eczema has never returned in the same degree, only in occasional patches during the cutting of a tooth or some little disorder of the stomach, such as babies have. If there is danger in curing the eczema ordinarily, why did no ill results follow the natural cure performed by the sea? It seems hard that such an uncomfortable, unsightly

affliction should be permitted to exist under any mistaken idea that—

" 'Tis better to bear the ills we have
Than fly to others we know not of."

What is your thought?
New York.

M. S.

(1) In our judgment there is not enough difference in the effects of the cereals in ordinary use to justify such a classification. If one is to take every article that is made from cereals, from the finest bolted flour to the coarsest oatmeal or samp (coarsely broken maize), of course such a list could be made. But few of these cereals, however, are suitable for baby diet. Then, the effect of an article of a given name will vary considerably according to the individual preparation. Take hominy, for instance. While occupying a middle place between samp and farina, it may be nearly as coarse as the one or nearly as fine as the other in different trade samples. In various ways the ordinary preparations are treated (or maltreated), so as to make a trade difference and sometimes an actual nutritive one.

Let us take the following table as approximately correct:

| Part per thousand. | Wheat. | Barley. | Rye. | Oats. | Maize. | Rice. |
|----------------------------|--------|---------|------|-------|--------|-------|
| Albuminous substances..... | 135 | 123 | 107 | 90 | 79 | 51 |
| Starch..... | 569 | 483 | 555 | 503 | 637 | 823 |
| Fat..... | | | | 40 | 48 | |
| Salts..... | 20 | 27 | 15 | 26 | 13 | 5 |

Now, for infants starch is usually considered indigestible. Therefore those grains have been chosen for baby foods which have the smallest proportion of it, namely, barley and oats. These two also are highest in the desirable salts, chiefly phosphates. The only grains which have a considerable amount of fat are oats and Indian corn. These two (perhaps because of the fat) have always been considered laxative, but as Indian meal is for the reason given above not desirable, oatmeal is the only one which is fit for baby food which is laxative, and in practice it is slightly so only. Now a cereal which contains much starch, like rice, is generally considered constipating unless counteracted in some way, as for instance by serving with molasses. Yet to an infant an excessively starchy diet by setting up diarrhea often becomes loosening, but not in a normal or desirable way. Granted a food of proper digestibility, we may say that the only one ordinarily laxative is oatmeal (and when prepared as a gruel it is rather negative), rice may be considered constipating, the rest indifferent. It is to be re-

membered that we are speaking of *baby* foods, not of the food of children old enough to eat mushes. At that age we would put the various mushes in about this order, the most laxative first: Indian meal, oats, rye, wheat, barley and rice.

(2) There is no danger whatever in treating an eczema; it cannot be "driven in." The blunder—a very wide-spread one popularly—came about thus: Eczema sometimes depends upon constitutional conditions that vary their points of manifestation; when a new point is attacked, the eczema sometimes disappears. So, too, it is a very common observation that two diseases rarely will go on actively at the same time; hence it has been observed that an eczema has disappeared when an internal disease in no way connected with it has been set up. In such cases the eczema might be said to be "called in." But the laity, if the eczema has been under treatment, think that it has been "driven in" and caused the internal disease, showing a faith in the power of drugs which medical men may envy.

Intervals of Feeding; Various Questions of Diet; Helps in Emergencies; Emetics; Glycerine Suppositories.

To the Editor of BABYHOOD:

My little boy is twelve months old, has seven teeth through and is cutting more fast. I give him a quart of milk a day in the following way: One or two bottles of pure milk in the day; a small bowl of rusks and milk, or Cobbe's nursery biscuits and milk twice a day, a bowl of Nestlé's or Nearl's Food (in a stiff pap), with milk once a day, and one bottle, or occasionally two, when fretty with his teeth, during the night; *i. e.*, he is fed every three hours throughout the day.

(1) Is this too often for a child of his age, and should he have more at a time and less frequently? If so, what should be the intervals between? He is always ready for his food, and is doing quite nicely on this system, but I do not know whether I should continue it.

(2) What change in the nature of his food shall I make as he grows older, and when will he be able to have milk puddings and gravy and bread, or gravy and potatoes, etc.?

(3) When should he leave off the bottle?

(4) Should I put any salt or sugar, or both, into his bottle of pure milk, and also with his more solid food?

(5) Can you recommend a simple book containing the treatment of accidents in the nursery, such as choking, scalds, bruises, convulsions, etc., etc.?

(6) What is a good emetic for a child of this age?

(7) Do you recommend glycerine suppositories for so young a child, and can they be got from any chemist?

I have been told that water enemas have a weakening effect on the bowels in after life. Have suppositories the same tendency?

Lancashire, England.

R. A. W.

(1) We remark first that for a child of twelve months with about the usual development of teeth

(seven in all), of which none are molars, he seems to have a very abundant diet. The milk and Nestlé pudding do not tax the digestion, but if he can comfortably digest rusk and biscuit he has a good digestion. About the night-feeding we are not sure that we quite understand. A child a year old needs nothing during the ordinary sleeping hours of adults, say between 11 P.M. and 6 A.M. If the one bottle at night means at your bed-time it is probably all right to feed every three hours—although that is quite often enough—say at 6 and 9 A.M., 12 M., 3, 6 and 11 P.M.; six meals per diem. We do not know why a child should have more food because he is “fretty with his teeth.” It is in other words to give him more food than usual because he is not as well as usual and less able to digest. A drink of cool water would probably quiet him as effectually, and be at least as welcome and more judicious.

(2) Inasmuch as you think he is doing nicely on the diet you give, there is no reason to change. It is up to the requirements of a year and a half on the average. If by milk puddings you mean mixtures of cereals and milk, either cooked together or mixed after, without eggs, he may have them at a year and a half, gravy and bread about the same time. The potato is a hard problem for the infant stomach. It is better delayed until two or two and a half years.

(3) He may leave the bottle at once.

(4) There is no need of them in the milk. Solid food needs a little salt, no sugar. In salting remember that the infant palate requires less than most adult tastes.

(5) There are multitudes of such books in America, and probably the same can be had in all your cities. One handy little one has the title: “Till the Doctor Comes.” Another, larger, “Emergencies and How to Treat Them.”

(6) Syrup or wine of ipecac. In case of a harmful substance the ejection of which is immediately desired, mustard mixed with water and molasses (treacle) or alum with molasses is prompt and efficient and not dangerous.

(7) They are useful, less harmful to the bowels than allowing the constipation to persist, and on the whole, we think less harmful than purgatives by the mouth. They are sold in large towns in England, and probably may be had easily.

Intervals of Nursing ; The First Band.

To the Editor of BABYHOOD :

- (1) How often should a new-born baby nurse ?
- (2) I have read something about a silk-knitted

band for infants. Which is the best, that just mentioned or flannel for a child's first band?
San Francisco. A YOUNG WIFE.

(1) At birth and for the first week every two hours. During the second week, if the supply of milk is good, gradually lengthen to two and a half hours from the beginning of one nursing to the beginning of the next.

(2) It is immaterial. A broad strip of flannel is easily obtained, can be made as wide or as narrow, as long or as short as desired, and is elastic.

Ocean Travel for a Nursing Mother.

To the Editor of BABYHOOD.

May I ask you a few questions in regard to ocean traveling for infant and nursing mother, not having found any allusion to the subject in any volumes of BABYHOOD?

(1) Would it be advisable to cross the Atlantic ocean in September, with a nursing baby boy, whose only trouble is a very slight navel rupture? He would then be four months old; weighed 8 pounds at birth and has gained from three-quarters of a pound to a pound a week.

(2) Should the mother be sea-sick, would that affect the child by changing the milk?

(3) I am anxious to accustom him to one meal a day of artificial food which could be procured in France, and which could be prepared without milk. Would Nestlé's food be the best article, or would you advise anything else? I suppose it is prepared in France. As we are very anxious about this subject, would you kindly oblige by answering the queries by mail?

St. Paul, Minn.

W. H.

BABYHOOD cannot answer queries by mail. Matters of urgency should be referred, not to it, but to the family physician.

(1) Such a journey may be undertaken by a nursing mother if it be necessary.

We presume that she would not undertake it for pleasure under the circumstances.

(2) The milk might be poorer in quality, but, judging from the numbers of suckling infants who come as immigrants and who arrive in apparently fair condition, the hazard is not great.

(3) We cannot speak with certainty but we believe that Nestlé's food is sold in France; we also believe that some of the American foods are to be had in France—meaning Paris.

Aids in Walking.

To the Editor of BABYHOOD:

I would like to ask your opinion about shoes for babies. My boy, just a year old, has never worn shoes. He has worn knit socks and lately shoes of felt or chamois that I made for him. He is a large, active child, weighs twenty-five pounds, and I am in no hurry for him to walk, but many people tell me that he should have shoes to help him walk. My idea is that he will walk as soon as his limbs are strong enough without artificial support, and that

stiff shoes might certainly hasten his walking, but that it is better to wait till he tries to walk by himself before putting shoes on him. It seems to me as absurd to put supports on a child's ankles to "make them strong" as it would be to bandage up his wrists so that he might be able to use his hands. My baby creeps everywhere and pulls himself up on his feet by a chair or bed, but I notice that, after standing a short time, his knees double up, and he sits down on the floor with more force than grace. His ankles always remain firm and apparently are strong.

A. R. M.

Richmond Hill, N. Y.

You are quite right. A child of ordinary intelligence and ambition will walk quite as soon as it ought to. Your child is heavy and should be allowed to take its own time.

The Taste of Sterilized Milk.

To the Editor of BABYHOOD:

Can you suggest why my eighteen months old baby has such an objection to sterilized milk that, even when hungry, she cannot be persuaded to touch it? Is there no way of obviating the taste and smell of boiled milk which I think is the taste and smell of sterilized milk? I know this milk to be much more healthful for her, and would be thankful if you could tell me any way of inducing her to take it.

INTERESTED SUBSCRIBER.

Pine Hill, N. Y.

It is impossible to say why one objects to any given taste or smell, but such facts are matters of common observation. The taste of boiled and sterilized milk is not acceptable to many. The smell and taste of milk from the cow is grateful to many and nauseating to probably more. The one practical suggestion we can make for you is that at your place it may be possible to get milk fresh enough to be safe without sterilization.

The "Holbrook Baby Nest."

To the Editor of BABYHOOD:

Please give your opinion of the Jaeger-Holbrook Baby Nest for the first three months of baby life.

Would there be no more danger of the child's taking cold in changing to the short "Gertrude" suit and long stockings after using the "nest," or is the covering no warmer than a silk and wool flannel second garment and dress together?

I wished to dress my baby in a Jaeger stockinet "Gertrude" undershirt, then a silk and wool flannel long-sleeved outer garment and slip. If, instead, I prepared the short "Gertrude" suit for the end of the three months, used the "nest" at first, with the "Gertrude" undershirt and napkin, would it not be best and easiest? Is there freedom enough for the child's limbs? Would a short shirt be better than a long one? The head protection and small amount of clothing seemed advantages to me.

AN INTERESTED SUBSCRIBER.

San Bernardino, Cal.

It would, doubtless, be easier to use the "Baby Nest" with undershirt and napkin for the first three months of an infant's life. But, except in the case of a child of extreme delicacy, where

even the ordinary exposure to chill and handling might be very serious, BABYHOOD prefers always clothing which can be frequently laundered or renewed. The "Gertrude" suit has proved so satisfactory to the mothers who have used it that we believe it will not be readily superseded.

Various Questions of Feeding.

To the Editor of BABYHOOD:

(1) Would you try feeding a boy of one year undiluted milk? He has used almost from the first the Peptogenic Milk Powder with one-half milk and one-half water; lately I have increased the proportion of milk to two-thirds. He is very strong notwithstanding he has had a number of boils on his head, and for the last nine months what the doctors have pronounced eczema has appeared as a rash on his face. All this time he has been treated for it but it has been most stubborn. It is now slowly improving and disappears entirely some days, only to appear again. It has never made him ill but, on the contrary, he is unusually strong, has a calm temperament and is on the whole a good baby. His food has agreed with him perfectly and his present weight is nineteen pounds, his flesh being firm. He does not yet walk alone but pulls himself up and goes around a chair. He has had four teeth since he was ten months old and while those teeth grow, no others appear. He goes to bed at 7 P. M. and sleeps usually until 6 A. M.

(2) At what age should a baby cease to use a bottle?

(3) Should it be used as long as the milk diet continues? How long should milk be the only food?

(4) What bill of fare would you suggest to follow milk, and how gradual would you make a change?

(5) I have always used the black rubber nipple. I am told that scalding it injures the rubber. What is your opinion?

A. H. C.

Seattle, Washington.

(1) The child, if in ordinarily good condition—and you think him decidedly strong—does not need peptonized food at one year of age. But we should approach the undiluted milk a little gradually. Many children of a year can drink undiluted milk; many again are distinctly better as to digestion if a little hot water is added to the milk, perhaps one part to three of milk.

(2) He is already old enough to give it up. Its only advantage after perhaps eight or ten months is that it prevents too rapid feeding which might occur if the little one used a cup.

(3) Milk with gruel additions is adequate until a year a half.

(4) We should advise very slow changes. After milk the gruels as before mentioned. Meat juice and bread crust to follow; then paps, rather thick, of farinaceous matters, which will generally be enough until two years of age.

(5) They must be scalded to be clean; if they do not last, new ones are cheap and easily obtained.

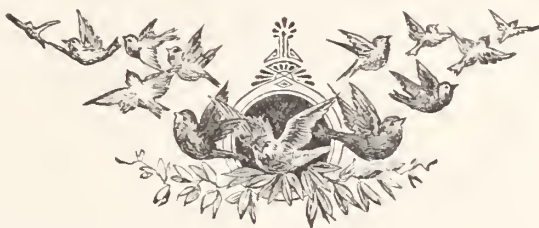
Condensed Replies to Various Letters.

C. L., Buffalo.—There is no reason to wake the baby for nursing if it seems to be gaining, and your breasts do not become painful in the meantime. Rather be thankful that your baby is so good a sleeper.

Mrs. J. S., Chicago.—We can give no opinion as to whether or not your baby is healthy, as we have nothing to guess by. No facts are stated except the number of teeth, in which particular she is not forward. The dietary seems fair, and is quite ample enough for many months to come so; there is no need of change at present. Like many other correspondents, you do not take into consideration the fact that the getting ready and printing of a magazine takes a good while. You wrote asking for advice for the summer after nearly all the summer numbers had been pre-

pared. BABYHOOD must reiterate, number by number, that it does not treat cases. It gives general advice as to matters of hygiene. As to the question of sleep, one would say that we think the sleep is worth more than the outdoor air, and if you can get your baby to take an afternoon rest, you would better do so.

A Montana Mother.—Of course, strictly speaking, and from a scientific point of view, it is wrong to keep, for future use, any part of a bottle of sterilized milk. In practice, however, when the milk can be kept by itself in a clean refrigerator, harm rarely comes from so doing. The laxative alluded to is a mixture largely advertised and probably not very harmful, but we never recommend such things for habitual use. We think the plan you have followed to be better than the use of laxatives.



CURRENT TOPICS.

The Value of Musical Study to Young Children.

THE study of music has been so long regarded as the means of acquiring an accomplishment merely, that many persons do not realize its importance to mental development, and it does not take the place which its value justifies in the training of young children. Few thoughtful parents in these days of the kindergarten ideas fail to understand quite early the distinct and individual mental training of their children. If they cannot afford kindergarten instruction at the hands of a skillful teacher, they seek to know the principles of the system, and to apply them as best they may; but the child takes music lessons that he may "learn to play," and that is a matter that may be postponed indefinitely.

The wide-awake music teacher has, however, kept up with the advance in all departments of teaching. His method has grown scientific, and the ideal he sets before him is very different from that of a few years ago. The growth sought by the best teachers now is inward rather than outward. The "natural method" is employed in music as in other teaching, and the training of

ear and finger is so carried out that it may be questioned whether the symmetrical development of the young child is complete without it.

The faculty of observation, for instance, is not well developed unless other senses than that of sight are involved in it. A child should observe with his ears as well as with his eyes. He should notice and treasure a sweet sound as he does a bright color, in his very babyhood, and early in his career he should learn to distinguish the natural combinations of the sounds, just as he is taught the various colors and their complements. Combination of color is a strong point in the kindergarten; yet why should the child learn that yellow and blue look well together, and omit to discover that one, three, and five of the scale sound well together?

Orderly arrangement, another item of care to the kindergarten, has a broad field in music. The scale furnishes a perfect example of it, and rhythmic accents, which appeals so naturally to the childish ear, supplies it in another form. Chords and arpeggios, after serving their purpose in awakening observation, may be used to illustrate

it; and if the latter be accented according to a simple formula, they indicate rhythmic orderliness as well as that of pitch.

Again, there is scarcely any instinct in the young child more worthy to be cultivated than the feeling for rhythm. I believe it is necessary to the free and graceful use of the body. Many parents depend upon the dancing-master to inculcate the principles of grace of carriage and gait, but it is a question whether the advantage of the dancing-school consists in the teaching of details in regard to those matters, or in the cultivation of the natural use of the body according to rhythmic feeling. Gracefulness of bearing is fed from within, it is not applied from without. It is the instinctive expression of certain orderly and unconscious habits of feeling, and foremost among these I put sensitiveness to rhythm, and response to it. This instinct is also one of the most natural to the child; it is therefore among the easiest to develop; and it may well be cultivated, if only as a means of giving pleasure, by those who do not agree with my estimate of its value. We all know how the piano adds zest to calisthenics; and how our children brighten when they are invited to a lively march or a dance. It will also be found that most children will easily catch the simpler forms of rhythmic accent, and will put them in use at the piano with considerable edification to themselves and to others. Little pieces of strongly marked rhythmic form are to be found in abundance, and when taught by ear they serve our purpose here.

The young child may also learn, with profit, something of dynamics, and the relation of muscular force to loud and soft effects. He may discover the power of music to express the simpler emotions, such as joys and sorrows; taste and discrimination may be developed; he may learn what he likes, and why he likes it. To make the child sensitive and observant in these directions is in the line of the true development, from within outward; and the ingenious mother, if she be musical in feeling herself, will find innumerable ways to bring out in the child, before he is five years old, a certain inward musical sense, which will not only be the foundation for good playing in the future, but will give symmetry to his general development.

When the child reaches his sixth year, daily music lessons of from fifteen to thirty minutes' duration should begin, and at this point the advantage to the mind of piano study is very evident.—*Frances M. Ford, in The Christian Union.*

Scientific Observation and Study of Children.

THE importance of journals for the careful study and record of the development of children is universally recognized at this day. Pedagogues and psychologists unite in stimulating the efforts of those who engage in this work, the results of which are expected to be of far-reaching influence in the departments of psychology and anthropology, as well as in the applied sciences to which these serve as guides. "It is probable, indeed," says Sully, "that inquiries into the beginnings of human culture, the origin of language, of primitive ideas and institutions, might derive much more help than they have yet done from a close scrutiny of the events of childhood." When we consider that but very little of scientific value is known concerning the unfolding of the child's faculties, that only a few exact observations are on record of the development of language, and still less material is at hand concerning the growth of the moral perceptions, of conscience, of the feelings, of the sense of personality, etc., we can readily appreciate the need and the value of such records.

Preyer's book, "The Mind of the Child," which may be considered as marking a new epoch in the observation of children, Perez's picturesque, but less scientific sketches of child-life, the observations of Sully, Darwin, Taine, and others, the original researches of President G. Stanley Hall—all these serve to make us realize in some measure the possibilities of systematic and painstaking observation—the scientific study of familiar phenomena in child-life.

But strange to say, the note has been struck and still the instrument does not vibrate. After such notes of appeal the mother's heart should respond with a glad sound. She should feel that her opportunity has come, that her love and her intellect might unite in accomplishing the work that science calls for and that lies at her threshold. But the question at once arises—are mothers capable of doing this work, are any but the exceptional ones to be found who are sufficiently prepared for such a task? Preyer mentions with hearty appreciation his wife's co-operation and assistance in the work of observation, while Sully says: "The thought naturally occurs that the mother is the person specially marked out by nature for this honorable task. She will grudge no effort spent in divining the direction of those first obscure baby impulses, the form of that first unfamiliar baby thought; but has she the other qualifications—the mind severe in its insist-

ence on plain ungarnished fact, trained in minute and accurate observation, and in sober, methodical interpretation? Here our doubts begin to rise. Few mothers, one suspects, could be trusted to report in a perfectly cold-blooded scientific way on the facts of infant consciousness. The very excellences of maternity seem, in a measure, to be an obstacle to a rigorous scientific scrutiny of babyhood." But is this destined to be an irremediable impediment? Can mothers not learn to overcome the obstacle in their way? Cannot the "excellences of maternity" be made to work for good in this direction, as they do in many others? Pedagogues, too, have told mothers that maternal love is a stumbling-block in the way of severe and rigid discipline, that the mother's heart is too tender and yielding. Are there, therefore, no conscientious mothers who are able to exact implicit obedience? Cannot the mother be both loving and impartial? The general tendency does not exclude the possibility of a more intelligent attitude.

Though not inclined to underestimate the difficulties of the task, I would not consider them insurmountable. I believe that when mothers have once discovered the beneficent influence of a new method, there are numbers of intelligent women throughout the land who will be able to school themselves to the doing of an ideal purpose.

Can the mother understand and appreciate the needs of the child's physical nature?—this no one will deny; but must the development of the mental and moral life escape her observation?

The mother's devotion is unfailing, almost an infinite power; it needs only to be directed to the proper channels, so that it may work for the highest interests of the child. Instead of complete absorption in the child's desires, its plays, its physical care, its relations to the external world, let the mother try to forego some of these not absolutely essential claims—the gain in time and energy to be utilized for a closer study of the internal life of the child, to which the mother is often a stranger, its moral development, its motives, its ideas on many subjects, its prejudices, its errors and mistakes. Can she not critically study the child as well as love it, analyze its first crude attempts as well as admire them? A word here as to the method of observation. Mothers must first of all learn to appreciate the value of true scientific observation, must train themselves to observe correctly, methodically. They must humbly learn that their own powers of appreciation are worthless without the strict selection of

valuable facts, the subordination of what is interesting and delightful to them to the universally interesting and profitable.

In the introduction to the American edition of Prof. Preyer's book, Dr. Harris says: "Method converts unprofitable experience, wherein nothing abides but vague and uncertain surmise, into science."

Method, strict, logical method, is the first desideratum; then vigilant observation, veracity, discrimination and ingenuity in the study of the child. Baby ways are charming and irresistible; they will be no less so when an attempt is made to discover the order of progress that dwells in them. Dearer yet will be the first faltering steps, the first lisped words, if the mother has been trained to keep careful note of how and when they were first attempted, how improved by exercise, how slowly and painstakingly perfected. The development of language alone offers a fascinating field of observation—to keep note of all the strange, obsolete sounds that bubble over on baby lips, the first imitation of words, the first understanding of words, the inventions of the child, all these the key to help in reading the soul within.

The baby will that holds the household in subjection will be no less potent, but perhaps more wisely directed, if it is remembered how it was evolved by infinitely small steps of gradation from the first unconscious movements of the helpless babe.

The psychic life of the child, that mystery of mysteries, will seem somewhat nearer to us, the growth of its faculties a little more clearly revealed if we trace the record of their development day by day. These revelations are so brief, so evanescent, we need to make them permanent, to materialize them, as it were, before they escape us.

Our record is truly a necessity for preserving our knowledge of the child's psychical no less than of its physical life. The book of life has so many pages—daily a new record of interesting psychic impressions is traced so that the earlier pages, if not preserved, soon grow faint and blurred in memory.

When the early days of life are over the journal need not cease. The record of elementary progress will give way to a study of more complex phenomena, the growth of mind, the building up of character. A mental portrait will be preserved that can serve as an indication later as to the tastes and talents that should be cultivated in

school life, the gaps to be filled; the tendencies to be repressed—it can even point the way to a choice of profession. The opportunity for a study of the child in its social relations is given that may not recur, as with the advance of years the boy or girl is drawn away from the exclusive society of home, to the companionship that it craves. The child, too, can assist by its own contributions,—its first writing, its letters, school compositions, descriptions, etc.,—whatever serves to illustrate character or throw a light on disposition.

It is a task of years, and its interest never declines. The rewards may never come that have been looked for, the development of the child may not reach the ideal standard, but the work has been its own reward, and out of it must grow a fuller understanding of the child's individuality.
—*Mrs. Felix Adler, in The Teacher.*

A Dissatisfied Father.

I HAVE recently acquired a healthy, prepossessing female girl-daughter. It is she. If the young minx continues healthy there is a probability of her swelling the ranks of the fair sex when she grows up. My wife says she is a little dear, and I believe her. In fact she is a little too dear. Before the doctor and the nurse and the druggist get through with their plundering they will have got control of more than \$100 of my attenuated wealth.

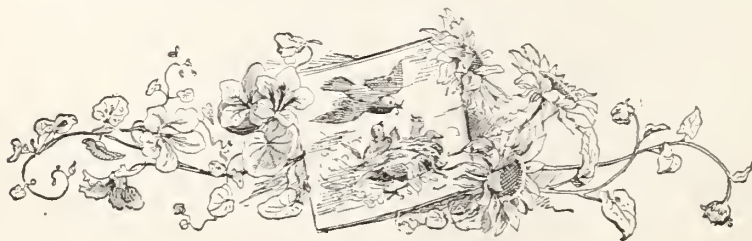
In common with every infant that has been born since Eve became a mother, my baby is the prettiest in the world. At least I have the wife's authority for saying so, but I don't know that my better half is a particularly good judge of beauty. This baby struck me as painfully plain in features, but of course I had to conceal my opinion from the wife and those sympathetic

women neighbors who came in to congratulate my spouse and absorb wine in the back parlor.

The complexion of the infant is unmistakably healthy, and it hasn't any teeth or good manners. It is the most helpless looking apology for a human being I ever saw. It can't talk worth a cent, though the wife maintains an imaginary conversation with it all day long and far into the recesses of night. Any kind of a hideous squall the baby exudes is readily interpreted by my wife to mean something intensely witty or profoundly interesting. Fortunately I am ignorant of the language—English or United States is good enough for me.

I think it would be a great convenience to business men if babies could be born when they are about four years old, about which time it begins to be safe for men to handle them. We should thus avoid much noise and nonsense, not to speak of sitting up nights in the capacity of deputy-assistant nurse. The Legislature ought to consider this question.

Not knowing anything about babies and being somewhat proud of my ignorance, I had expected to be presented with one of those ready-made artful little toddlers who cling to the lower fringe of their mother's skirts in the park, stare at strangers with their big, round, blue eyes, and lip in wonder, "I is papa's girl," should anybody make inquiries as to their identity. I had anticipated a perfectly equipped, neatly-dressed little girl with hair in curls, whose interesting prattle would cheer up my spirits when I reached home in the evening, but when I saw that diminutive, apoplectic-looking aggregation of helplessness, lying in a state of quiet upon a square foot of canton flannel, the visionary picture which I had framed in my mind faded away like the thick end of a beautiful dream.—*The Troy Observer.*



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

SEPTEMBER, 1891.

No. 82.

DIPHTHERIA.

BY J. LEWIS SMITH, M.D.,

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DIPHTHERIA is, on account of its wide extension, the subtle modes in which it is propagated, and the great mortality which it causes, the most important of the contagious diseases of childhood. Conveyed by the intercourse of people, epidemics of it are, at the present time, occurring in every or nearly every country reached by commerce and travel. It is endemic in most of the cities of the United States and Europe, and we read in medical journals of its prevalence, with the usual heavy death rate, in Brazil, Algeria, distant Australia, and in Eastern Asia. This scourge probably originated in Eastern Asia, like cholera, whose birthplace is said to have been the delta of the Ganges. In fact in the far East, the birthplace of man, most of the pestilential diseases which have afflicted the human race have originated. During the past year the complex prescriptions of the Chinese doctors for diphtheria, which have descended as an inheritance from past generations, and are often employed by the European residents of China, have been added to the literature of this disease.

Notwithstanding the many recent discussions of the treatment of diphtheria in medical societies, and the modes of treatment published by physicians of large experience, in the medical journals, this disease continues to extend, and its death rate remains large. A recent French writer on diphtheria states that in France the number of deaths at the present time, is, according to the published statistics, in excess of the births, and largely in consequence of diph-

theria. Did time permit we might give statistics showing the heavy mortality from this malady in the important cities in the lines of commerce and travel in Europe and America. Fatal croup occurring where diphtheria is prevailing is known to be, with few exceptions, a form of the latter disease, and if we add the number of deaths reported from croup to the number reported from diphtheria, there were in New York City 2,553 deaths from diphtheria in 1888; 2,291 in 1889. In Brooklyn the deaths from diphtheria and croup were 1,375 in 1889, and 1,467 in 1890. In other cities of this country, and in the European centers of medical education situated in the line of travel, as London, Paris, Berlin, St. Petersburg and Vienna, statistics show a similar large mortality from this disease.

The Diphtheria Bacillus.

It is now known that diphtheria is caused by a linear or rod-shape micro-organism, seen under a high power of the microscope, having about the length of the one which causes tuberculosis, but thicker. A rod-shape microbe is termed a bacillus, and that which causes diphtheria is designated the Klebs-Loeffler bacillus, in honor of Klebs, who announced his discovery of it in 1883, and of Loeffler, who subsequently more thoroughly investigated its nature. Loeffler cultivated it in a certain medium, and by adding a small drop of this medium containing the newly formed bacillus to the fresh fluid, and repeating this process, he was

enabled to obtain the bacillus removed several generations from its source in the child, and absolutely free from any extraneous substance. With the last culture he inoculated pigeons, rabbits and guinea pigs, and produced in them a pseudo-membranous inflammation, apparently identical with the diphtheritic inflammation occurring upon the faucial or other mucous surface in the child. These experiments have been repeated by many other bacteriologists, sometimes with modifications, but the result has been similar to that obtained by Loeffler, so that the theory that true diphtheria is produced by the Klebs-Loeffler bacillus is now considered to be fully established. Microscopists who have examined this bacillus and experimented with it state that it presents aspects which are characteristic. When staining processes are employed, its extremities often exhibit a more intense coloration than its central part, and they are sometimes swollen so that it has a dumb-bell shape (Welch), or occasionally one only is swollen, so that it has the shape of a pear or gourd. Some of the bacilli are curved like an arc. These characteristics and the fact that it has greater thickness, enables the microscopist to distinguish readily the bacillus which causes diphtheria from that which causes tuberculosis.

The Klebs-Loeffler bacillus, alighting upon the faucial or other mucous surface, or the skin denuded of its epidermis, obtains there a nidus favorable for its development and propagation, but it does not enter the interior of the body. It is not taken up by the lymph ducts or blood vessels and conveyed to the internal organs. It remains localized upon the surface, and produces there the characteristic inflammation. Acting solely upon superficial parts, it cannot in itself produce systemic infection, or blood poisoning, but as the venomous reptile or the bee secretes a poison, which it communicates by its fang or its sting, it produces a toxic chemical substance which is readily taken up by the lymphatics and blood vessels and conveyed to every part of the system.

This substance is the poisonous agent in diphtheria. It produces the systemic infec-

tion and the death of the multitudes who perish from diphtheritic blood poisoning. It has been carefully examined by L. Brieger and K. Fraenkel among others (*Berliner Klinische Wochenschrift*, March 17 and 24, 1890). They state that it has the following composition:

| | |
|---------------|-------|
| Carbon..... | 45.35 |
| Hydrogen..... | 7.13 |
| Nitrogen..... | 16.33 |
| Sulphur..... | 1.39 |
| Oxygen..... | 29.80 |

When separated from the bacillus which produces it, by passing through the porcelain filter, and inoculated in rabbits and guinea pigs, it causes death in the small quantity of two and a half milligrams to each kilogram in the weight of the animal. Sometimes in the experiments death did not occur until after weeks or months. The Klebs-Loeffler bacillus inoculated upon one of the surfaces of the animal experimented on causes inflammation, with the exudation of fibrin, producing the diphtheritic pseudo-membrane, but the poisonous chemical agent, the product of the bacillus does not, when freed from the bacillus and all other solid substances by passing through the porcelain filter and inoculated, cause any fibrinous exudation or diphtheritic pellicle, though its action is so highly toxic. Brieger and Fraenkel, after having made the above analysis, state that this poisonous substance produced by the bacillus is allied in its composition to the proteids or albuminoids, and that it resembles ichthyotoxin, the active poison secreted by sea eels. It has recently been designated by Professor Welch, the eminent bacteriologist of Johns Hopkins University, "a toxic albuminoid." One is reminded of the following remarks on diphtheritic paralysis by Professor Trousseau, the most eminent clinical observer of Paris in his day, published in 1868 in his treatise on clinical medicine:

"Graves (in his clinical lectures) wishing to point out the relations which exist between different diseases, mentions numerous well-known facts, which present a great analogy to those we are now studying. He states that an entire crew, after eating of a species of conger eel, were seized with nervous symptoms similar to those induced by lead poisoning. Some men died in a state of violent delirium; those who survived were affected with general par-

alysis. In some cases the affection was permanent; in others recovery took place at the end of three or four months. Three or four months; mark well the duration, for it is absolutely the same as that of diphtheritic paralysis. Well, then, diphtheritic paralysis belongs to the same category."

Trousseau, studying at the bedside that common and fatal result of diphtheritic blood poisoning, the paralysis, formed an opinion in reference to its cause and nature, which is now, after a quarter of a century, to a considerable extent verified by microscopical and chemical examinations and experiments.

The views expressed above in reference to the causation and nature of diphtheria are now accepted by the most eminent bacteriologists and pathologists in both hemispheres. They are based upon carefully conducted experiments in many laboratories. Parents as well as physicians cannot fail to see how important it is to detect diphtheria early, and to make early and frequent non-irritating germicide applications to the inflamed surface so as to prevent the propagation and extension of the bacillus, and destroy it before it generates the "toxic albuminoid." Fortunately the bacillus alights, for the most part, upon surfaces that are accessible, so that the proper antiseptic or germicide treatment can be employed.

Modes of Propagation.

The extreme contagiousness of diphtheria is well-known. A moment's exposure to a child suffering from it, even in the mildest form, or in a room infected by a patient weeks or months previously, or to objects infected by being in the room occupied by the patient, or to garments or objects infected by being worn or handled by him while sick, has in numberless instances communicated the disease. The diphtheritic virus adheres so tenaciously to infected persons or objects, that they often communicate diphtheria at a distance from the source of the infection, and when there is no suspicion of danger. Thus a child with fatal diphtheria, seen by me in consultation, apparently contracted the disease by embracing a playmate, who was in the street for the first time after an attack of the malady.

A recent French medical journal has called

attention to the fact that resident physicians and nurses in diphtheria wards, whose persons and clothing become fully infected by the diphtheritic germs, are very liable to communicate the disease, unless they constantly employ precautionary measures. Thus the shawl of a nurse sent to the house of a friend introduced diphtheria into the family. We learn from the newspapers that in a similar manner children having their persons and clothing infected, sent from the tenement houses of New York City to country towns by the Fresh Air Fund, have communicated diphtheria to families that received them in localities where it was previously unknown.

Many children have diphtheria so mildly that they do not complain of being sick, have some appetite and are not confined to their homes. Hence diphtheria is often contracted from these mild cases in the public conveyances and in places of public resort. In the out-door department at Bellevue I have often seen children with diphtheria sitting among other children, waiting their turn for treatment. These children with mild diphtheria, taking their meals regularly, though with poor appetite, and having so little fever that it is not noticed, are often sent by their unsuspecting parents to the public and private schools, and there communicate diphtheria, frequently of a malignant and fatal form, to their classmates. I have been able to trace attacks of diphtheria not only to the public and private week-day schools, but also to the Sunday schools, and especially to the mission schools designed for tenement house children. These mild cases are often brought to physician's offices for treatment, and here in New York I might mention many physicians' families that have been desolated by diphtheria contracted from them. The occasional latency of diphtheria, and the necessity of a more frequent inspection of the fauces of children who have been exposed to the disease, so as to be able to detect and isolate these walking cases, was forcibly shown by the following instance. I was once called to a boy with diphtheria, and it occurred to me to examine his sister, who had left the call at my office. She was then in the street with

some playmates, and was apparently as well and cheerful as they were. On inspecting her fauces a small but characteristic grayish-white patch was observed over one tonsil.

But there is another important mode of the propagation of diphtheria which greatly increases its prevalence, especially in the cities. Diphtheria is a filth disease. The Klebs-Loeffler bacillus obtains a nidus favorable for its development and propagation in filthy accumulations of all kinds. Dr. Sternberg, in his Lomb prize essay, refers to the fact that damp, foul places, such as sewers, cellars and ill-ventilated spaces under floors, where the sunlight never enters, and where refuse collects, afford conditions favorable to the growth of diphtheritic germs. The germs conveyed by house drainage or otherwise to a deposit of filth grow and multiply in it, and ascending in the foul vapors which arise from it, communicate diphtheria to the unfortunate child who inhales them. In New York City insanitary conditions and accumulations of refuse matter existed prior to 1850 even to a greater extent than at present, but without diphtheria. In the decade commencing with 1855 diphtheria was introduced, its germs, conveyed from the sick rooms by house drainage, entered the sewers, and now wherever the sewer gas escapes into the domiciles of this great city, it carries with it the pestilential germs, and causes an outbreak of the disease. In all parts of the city children are constantly falling sick from inhaling the infected sewer gas, and it is chiefly from exposure to walking cases, and to sewer gas, that diphtheria is so prevalent in New York.

Diphtheria Contracted from Animals.

It is now known that several animals, even those that are pets of the nursery, are liable to be attacked by diphtheria. Indeed this has been proven, as we have seen, in the laboratories, for bacteriologists investigating the nature of diphtheria have in numberless instances communicated the genuine disease to animals, by inoculating them with cultures of the Klebs-Loeffler bacillus. It is very important that parents should know that milk,

the common food of the nursery, is a culture medium of the diphtheritic germ. The specific bacillus falling into the milk in the handling at the farm-house or elsewhere, grows and multiplies in it. Mr. Cole, a veterinary surgeon of Australia, published in the *Australian Veterinary Journal*, February, 1882, the history of an epidemic of diphtheria that was traced to the use of milk from a diseased cow. The *London Medical Times and Gazette* for January, 1879, states that Mr. W. H. Power, a health inspector, investigated an outbreak of diphtheria and obtained sufficient evidence, in his opinion, that it was caused by the use of milk that contained the diphtheritic germs. The cows that furnished the milk had what the veterinary surgeons designate garget or infectious mammitis. The history of another similar epidemic is related in the same journal. In the *Deutsche Zeitschrift für Thiermedizin*, 1877, Professor Dammann, of the Hanover Veterinary School, reports an epidemic in calves that was diagnosed diphtheria. He directed the attendant to make applications to the throats of the sick calves. This was on April 29th. On May 5th the attendant became sick, complained of his throat and was confined to bed. A grayish-white patch of pseudo-membrane appeared upon his tonsils, which were highly inflamed. He had fever and enlargement of both submaxillary and cervical glands. The dairy maid who now took charge of the calves also had a similar but less severe attack. The *Occidental Medical Times* for July, 1890, publishes an interesting and instructive paper by Dr. E. Klein, the well-known bacteriologist of London. He states that he inoculated two cows upon the shoulder with the diphtheritic virus. The inoculation was followed by the occurrence of vesicles and pustules upon their udders, and microbes were found in their milk. Two calves were inoculated with the matter taken from the vesicles and pustules, and similar eruptions were produced in them, followed by broncho-pneumonia and fatty kidneys such as occurred in the cows. Two cats fed with the milk from the cows sickened with feline diphtheria,

and this was followed by an epidemic among the cats kept for experimental purposes in the laboratory. Fourteen sickened with it, some of them dying. It is evident from the above observations and facts that the utmost pains should be taken to obtain milk designed for the nursery from a healthy source and to prevent its subsequent infection. We may also anticipate our remarks on the prevention of diphtheria by stating that milk designed for the nursery should always be subjected to the prolonged action of heat near the boiling point, which destroys all pathogenic germs. I invariably direct that it be steamed in or over boiling water two hours as soon as possible after its reception.

Klein has made experiments showing the identity of feline and human diphtheria, though diphtheria in the cat presents some anatomical characters different from those in man, and the following observations appear to show that it is sometimes communicated by this pet of the nursery to the children that fondle it. *The Medical Press and Circular*, June 4, 1890, states that Dr. Lawrence reports two cases under his care in which diphtheria seems to have been communicated by cats. In the first case, that of a little girl, a careful inquiry showed that she had not been exposed to any patient with diphtheria, although this disease was prevailing within a mile of the patient's residence, but that she had nursed a sick cat some days previously. The cat died soon after, and a second cat became sick, and was killed. Further inquiry disclosed the fact that a neighboring farmer had lost seventeen cats, and another farmer fifteen cats from a throat distemper. One of the farmers stated that he had examined the throats of some of the cats and found them covered with a white membrane. Dr. Bruce Low in a report to the Local Government Board, states that a little boy at Enfield had fatal diphtheria and vomited on the first day of his sickness. A cat licked the vomited matter from the floor, and soon after the boy's death it was noticed to be sick, and its sufferings and symptoms so closely resembled those of the dead boy that it was destroyed by its owner. During the first part

of its sickness it frequently went to the rear yard, which was frequented by cats, and a few days subsequently the cat of a near neighbor was observed to be sick. The second cat was nursed during its sickness by three little girls, all of whom took diphtheria (*British Medical Journal*, May 10, 1890).

P. C. Coleman of Colorado, Texas, states that after a residence of five years at Colorado, he saw the first case of diphtheria. A child of four years, living thirty miles distant in the country, and with no neighbor within six miles, had diphtheria followed by paralysis. The child was far away from any source of human contagion, and had rarely seen other children. The father stated that two kittens had recently died from what seemed to be the same disease, and the child had frequently kissed them, Dr. Coleman does not doubt that the diphtheria was contracted from them (*Medical Record*, November 1, 1890). Dr. George Turner states that a cat fed with the refuse food of some children sick with diphtheria also suffered severely with what seemed to be the same disease. Dr. A. Jacobi relates the following example: Three kittens were allowed to remain with five children sick with diphtheria. The kittens sickened and died, and a post-mortem examination revealed the presence of the diphtheritic pseudo-membrane in their throats. Cats travel from house to house, often congregate, and are petted by children so that they are likely to communicate any contagious disease which it is possible for them to contract. It appears from the above observations that they have communicated diphtheria in some instances in which its origin was obscure.

Observations show that the feathered tribe are especially liable to diphtheria. On the island of Skiathos, off the northeastern coast of Greece, no diphtheria had occurred during at least thirty years previously to 1884, according to Dr. Bild, the medical practitioner of the island. In 1884 a dozen turkeys were introduced from Salonica. Two of them were sick at the time and died soon afterward. The others became affected soon afterward, and of the whole number seven died, three recovered, and two were sick at

the time of the inquiry. These two had difficult breathing, swelling of the glands of the neck, and a pseudo-membrane extending to the larynx. As further evidence that the disease was diphtheria, one of the turkeys that survived had paralysis of the feet. The turkeys were in a garden upon the north side of the town, and the prevailing winds upon the island are from the north. When this sickness was occurring among the turkeys, an epidemic of diphtheria commenced in the houses in proximity to the garden, and spread through the town. It lasted five months and of 125 individuals attacked by diphtheria in a population of 4,000 thirty-six died. From this time diphtheria has been established on the island, and frequent epidemics of it have since occurred (*Bull. Med.*, January 22, 1888).

According to M. Menzies, diphtheria is common among the poultry of Italy, in which country the flat roofs of the houses afford a resting-place for turkeys, fowls, pigeons and rabbits, whose evacuations are carried by the rains into the cisterns and wells. A physician at Posilippo, near Naples, had directed his servant not to obtain drinking water from the well next to his house, but from a well at a distance. As long as the instruction was obeyed the family was well, but the indolent servant disobeyed the command and obtained water from the infected well. Four of the children who drank this water soon contracted diphtheria, and died. The fifth child who did not drink the water escaped. Among the writers who have related instances showing the transmission of diphtheria from the feathered tribe to man may be mentioned Nicaté of Marseilles (*Marseille Méd.*, p. 105, 1879), and Dr. Delthel (*Journal de Méd. de Paris*, February 19, 1888). In the *American Practitioner and News*, Dr. F. T. Wheeler states that while in a nesting of wild pigeons, he found many sick with a pseudo-membranous sore throat. He dissected some of them with his pocket knife, which he was obliged to throw away on account of its offensive odor. There were millions of pigeons in the nesting and they were hunted and eaten by the inhabitants, among whom diphtheria broke out, fatal to

many of the children. Several years previously there was a similar nesting of pigeons near by, and fully half of the children had diphtheria. In the *Journal of Laryngology and Rhinology*, Dr. George Turner states that a pigeon that had died of the throat distemper was brought to him for dissection, and he found a pseudo-membrane covering the whole windpipe. With this he inoculated other pigeons, and produced in them a similar disease, which extended up the nostrils to their eyes. Dr. Turner also states that an epidemic of diphtheria broke out in the village of Braughing, Hertfordshire, England, the first cases occurring on a farm where the fowls were dying of a disease similar to that in the pigeon, and on other farms where the children had diphtheria a similar malady of the fowls prevailed. At Longham a man bought a chicken at a low price, as it was sick with the prevailing disease, and cared for it at home. His children soon sickened with diphtheria, which extended from his family through the village. Dr. Turner mentions similar instances, showing that the feathered tribe, the common barn-yard fowl, turkeys, pigeons, and in one locality pheasants, died of a disease attended by a pseudo-membranous exudation, which was probably diphtheritic.

There is, therefore, sufficient evidence that diphtheria is not only communicated from person to person like other contagious diseases; but that it is often communicated by cases so mild that they go abroad and mingle with other children. It is evident, also, that the specific principle of diphtheria, to wit, the Klebs-Loeffler bacillus, often adheres to objects for months and years, rendering them infectious, that several of the domestic animals are liable to diphtheria, and that there can be little doubt that epidemics of this fatal disease of obscure origin have repeatedly originated from these animals. These facts in reference to the causation of diphtheria, show in what ways this scourge of modern society, conveyed by commerce and travel, has encircled the globe, and how it has become established, or endemic, in all or nearly all the cities in both hemispheres.



ECZEMA IN CHILDHOOD.

BY GEORGE THOMAS JACKSON, M.D.,

Professor of Dermatology in the Woman's Medical College of the New York Infirmary; Attending Dermatologist to the Randall's Island Hospitals; etc.

THIS is the most common of all skin diseases in childhood, and is well known under the names of salt-rheum, tetter, milk crust and scald head. It occurs at all ages and in both sexes, and is quite frequent in the first six months of life. Its most usual location is the face, scalp, folds of the skin, and about the genital region, and inside of the thighs. It takes many different forms, and these sometimes bear but little resemblance to each other. In a paper of this sort all the writer can hope to do is to tell the mother enough to enable her to know that she needs skilled care for the child, and give her certain hints that will make her more wise in the care of the child's skin.

How shall we recognize the more common forms of eczema? There are five symptoms that are present in all cases of the disease, and these are: 1. Redness; 2. A tendency to moisture; 3. Crusting or scaling; 4. Itching; and 5. Thickening of the skin. Whenever your child has patches of red skin which he scratches so as to tear the skin, and upon which you see either little water blisters, or thick crusts, or fine scales, the chances all are that he has an eczema, and he should at once be taken to a physician who knows something about such cases. It is a curious, but common, impression that any doctor is good enough to take care of a child, and we often hear parents say that they have Dr. So-and-so for the baby, mentioning the name of some young and, may be, inexperienced man; but when you ask who is their own physician, you will hear, in answer, the name of some widely known man. Now, this is all wrong. It takes more brains and

experience to tell what is the matter with a child, and to properly administer to its wants, than it does to do the same things for an adult. So, if your baby or child has eczema, or you think that he has, call in the wisest counselor you know of.

The prevention of eczema is what you can greatly assist in. And, first and foremost, don't scrub your tender infant's skin too much or too vigorously. This should be specially impressed upon the mind of your monthly nurse before the arrival of the child. When you consider that the new-born infant is suddenly cast, after a more or less tempestuous passage, out of its warm nest in which for nine months it has rested surrounded by a bland fluid, covered with a soft coating of fatty substance, and entirely protected from contact with those irritating qualities of the outer air that so often rumple our tough old skins, that from this he comes out into the air, and at once is robbed of all the protection that nature has provided for him, can you wonder that at times his skin becomes inflamed? Now, if he is so unfortunate as to fall into the hands of some ignorant and too cleanly woman, and is vigorously scrubbed with a coarse soap and not too warm water, as is frequently done, it is no wonder that an eczema is set up. The new-born infant should be handled most carefully. A gentle, but abundant, anointing with a bland oil, such as olive oil, should be the first attention that the skin receives, after which the child should be wrapped up in blankets, put in a warm place and allowed to become accustomed to his new surroundings, while the oil is soaking into the greasy crust. After

an hour or so the body may be gently washed with warm, not hot, water, and a good soap, but if all the crust does not readily come off from head and body, do not hasten matters, but once more anoint with the oil, and do not again wash until the next day. By that time all the crust will become so softened that it will easily come off. As a rule an infant is not to be bathed more than once a day, and care should always be taken that the skin is patted, not rubbed, dry, and freely dusted with corn starch or other powder, so as to absorb all moisture; and special care must be bestowed upon all the creases of its fat little body.

A great deal is said about soaps, and the question is often asked, What soap shall I use? Any good plain, not highly scented, soap may be used. Of these, Castile soap, if you can be sure of getting it, is one of the best. Pears' soap has also become a standard soap. Without any disparagement of the soaps of other makers, either one of these will be a safe one for baby's skin. As to powders, the ordinary Oswego corn starch answers every purpose, and can be readily procured of your grocer. One I am very fond of is Compound Talcum Baby Powder, put up by Fehr, of Hoboken, which is very bland and smooth.

Another way in which you can be instrumental in preventing eczema is by attention to the diapers. A great many cases of eczema take origin about the genital and anal regions. Irritation by the natural discharges causes a little redness, what we call an erythema, and this is very apt to change into an eczema. To prevent this, vigilance must be exercised to remove the diapers just as soon as they are soiled, and, after carefully washing the skin and powdering it, to replace them with dry, fresh ones. Ignorant mothers and lazy nurse girls very often hang up the soiled diaper to dry without washing it, and when another diaper is called for put on this one. Of course that is all wrong, because there will always remain some excrementitious matters on the cloth, usually of an acid nature, that will irritate the skin when once more dissolved out by the moisture of the

parts, to say nothing of the next urination. Therefore lay down the rule, and see that it is strictly observed, that all diapers must be washed, without blueing, thoroughly rinsed out and ironed before they are again used.

If attention to the diapers is important even when the child is in health, it is of far greater importance when the child has some digestive disturbance. Unhappily such disturbances are exceedingly frequent. But you can do a good deal to prevent them, and as they of themselves are among the most common of the causes of eczema, in this way again you can aid in preventing the disease. Even from the start, whether the baby is nursed at the breast or bottle-fed, the meal times must be by the clock, and not by the crying of the child. Every time that the child cries, it is not hungry. Very often a little water will stop the crying quite as well as the breast. Or perhaps it is suffering from colic, or a badly placed pin. Anyway, constant and irregular nursing will tend to promote indigestion. Imagine how you would resent it were you constantly and irregularly fed, and what condition your digestion would be in! You too would soon be suffering with colic, and would be outraged if, whenever you cried out with a pain, your attendant should stuff more food into your mouth. The whole matter of food supply is important in the treatment of eczema, but as each child is a law unto itself, and must be studied by itself, this important topic can not be discussed here.

Now, suppose that in spite of these precautions, your baby is so unfortunate as to develop an eczema, remember that water is always harmful in such a condition, and leave the patch alone, as far as soap and water are concerned. Of course when the parts about the anus are soiled they must be washed, but then they should be at once dried and dusted with even more care than usual, and the protecting ointment that your doctor orders must be at once reapplied. Let the other parts of the body go unwashed in spite of what Mrs. Grundy may say. If the face and scalp are the affected parts, believe your doctor when he tells you that the child must wear a mask and skull-cap. Of course these are not orna-

mental, but neither is the disease, and experience amply demonstrates that the constant protection they afford materially hastens the cure of the eczema. They are to be made by taking linen, in summer, or light flannel, in winter, cutting a piece in an oval shape, somewhat like the shape of the face, and then cutting holes for the eyes, nose and mouth, and sewing two strings to the lower corners. The skull cap is to be made like an ordinary baby's cap, and to its edge at the forehead the mask is to be pinned or sewed. The chosen ointment is to be spread on cloths, one for the forehead, one for each cheek, one for the chin, and placed in position, and then the mask is to be put on and attached to the cap and the strings are to be tied behind the head. This accomplishes several objects; it completely protects the skin from the irritating effects of the atmosphere, reduces the itching, keeps the dressings in place, and prevents the child from tearing the skin. The mask and cap must be worn day and night, and the child must take its airing with them on. A thick veil will cover their unsightliness when on the street. All ointments to any part should be spread on cloths, and then applied, not smeared on the skin.

This leads us to speak of another thing

that you can do to prevent an eczema, or to aid in its cure, and that is to see that the child has an abundance of fresh air and sunlight. The child should be taken out every day, excepting in inclement weather.

As eczema is a disease of lowered vitality, that is, the child is not in as perfect health as it should be, attention to the proper performance of all the functions of the body must be given. So we have come back to where we started from, and say again, if your child has eczema, consult your physician, and do not trust to time to cure the complaint. Time will not do it, because the disease shows little tendency to get well of itself. Above all things, do not listen to the old wife's fable, that it is dangerous to cure the disease as quickly as possible because it is good to have the "humors" escape this way. No harm has ever come from a rapid cure of the disease. Alas, in many cases even the best of treatment will prove all too slow in effecting a cure. We know of no such things as humors. Just put yourself in the place of the poor baby, and see how loudly you would call for deliverance from the intolerable itching, and then you will spare no pains to rid the baby of its troubles just as soon as you possibly can.



SOMETHING MORE CONCERNING STERILIZED MILK.

BY LEROY M. YALE, M.D.

AN esteemed contributor to *BABYHOOD* has asked that we say something of the present status of the question of the value of sterilized milk as a food for infants. We do this with pleasure, but desire to emphatically say, in the beginning, that the last word in the connection is far from being said yet. We only attempt to give, as we understand it,

the present state of our knowledge deprived of technicalities.

First of all, as *BABYHOOD* has often said, sterilization is new only in name. The fact that animal food, including milk, resists decomposition better after cooking than if uncooked has been immemorially known. This is chiefly due to sterilization by heat in the pro-

cess of cooking. Every housewife who puts up preserves or vegetables by the process of heating and sealing makes use of the devices of sterilization, and the entire immense industry of canning depends upon the same fact that the destruction of microscopic organism by heat, and the prevention of the ingress of others by hermetically sealing, ensure the integrity of the contents of the can indefinitely. In the condensing process the same method has been applied to milk.

Now, the study of bacteriology among its many results brought out prominently two facts regarding milk. One was that milk could accidentally contain various kinds of germs, including those of several well-known disorders, and that there were some poisons that seemed especially to be developed in milk and its products, notably the tyrotoxin, which has been often alluded to, and which is responsible for many cases of cheese and ice-cream poisoning, and, perhaps, for many cases of genuine cholera infantum. The other fact was that the process of sterilization could be applied to milk in its fresh state and without condensation, and that such sterilized milk might be indefinitely kept without decomposition.

These were most useful discoveries, for they showed the source of many mysterious cases of disease, and they showed the way of preventing at least some of them. It is as a preventive of diseases of this type that sterilization has its chief value. Boiling of drinking water is believed to remove from it the danger of its conveying typhoid fever, for instance; boiling or sterilizing of milk is believed to do the same for it. But this and similar diseases are perhaps only occasionally conveyed by milk and hence this immunity does not so immediately appeal to BABYHOOD'S readers. But if, as seems probable, the sterilization of pure milk much limits the dangers of cholera infantum and possibly also of the severer types of diarrhœa, it is a great benefit to infants. The results obtained in city nurseries and children's hospitals from the use of sterilized milk certainly show its great value. And so it must prove wherever from any cause the purity of the milk supply is

open to suspicion, or whenever milk must be exposed to the dangers of transportation before use. But those whose eyes have been recently opened are likely to "see men as trees walking," and enthusiastic persons will always overestimate the value of new discoveries. And there were not wanting medical men who claimed much more for sterilization than could be reasonably hoped for it. From certain physicians, notably from some in Germany, came the expression that "sterilization has solved the problem of infant feeding." It would be as sensible to exclaim that, because thorough cooking of meats nearly destroys the danger of trichina and tape worm, prolonged cooking had solved all the questions of dietetics.

Beyond the question of foreign or mischievous organisms in the milk is the question of its appropriateness and digestibility. The inquiry at the present time is, in what way and to what extent is the digestibility of milk changed by sterilization? Is it, aside from its freedom from matters immediately dangerous, more or less desirable as a food for infants than before sterilization? This is the matter that is now being investigated, and different views are expressed. There is a growing belief just at present to the effect that sterilizing or prolonged heating of any kind renders the milk, on the whole, less digestible *per se* than is simple natural milk, owing to changes in the milk-sugar, in the condition of the caseine and lactalbumen and in the relation of the fat (butter) to these albuminoid constituents. The details of these changes would carry us rather too far into physiological chemistry for the scope of this article. It is still too soon to speak with any certainty upon these points. Evidence is accumulating which will enable scientists before long to entertain tolerably fixed opinions.

In the meantime it is the part of judicious practice to be guided by such knowledge as has been safely acquired. It appears probable, therefore, that under certain conditions which may be grouped under the general name of suspected milk supply or suspected milk diarrhœas, the sterilization of milk, either by boiling or steaming before using,

will always be an eminently wise precaution or a curative device, whether this sterilization be personally applied in the household on receipt of the milk, or at the dairy farm by the milk producer or in any process of manufacture of infant food. If it be proven that the digestibility of milk is materially diminished by sterilization, it will then be advisable to abstain from its use as a regular and constant food, except in conditions of illness and under the circumstances already mentioned.

As a rule we avoid the discussion in **BABYHOOD** of matters which are still mooted among professional men, but the general interest in this particular matter, and a special call for it, have led us to depart from our rule.

BABYHOOD has often suggested in answering problems and other inquiries that whenever a mother was so situated as to receive milk entirely fresh, and could assure herself

of the sanitary condition of the dairy and herd from which it was obtained, formal sterilization was usually quite unnecessary. We believe that one of the most important outcomes of this discussion of milk and its preservation will be the more careful attention paid to all details of dairy farming—namely, to the choosing of the soundest cattle for the purpose, to the best pasturing and housing of them, to the keeping them clean, the grooming them if necessary, to the cleansing of the udders and bag before milking and to a multitude of details, both as to the cow, her surroundings, and the care of her milk. But as has been pointed out, thoroughly safe milk cannot be cheap milk. Granted that the public can be assured of the really greater purity of the milk it will willingly pay a reasonable, even if higher price, for it.



NURSERY HELPS AND NOVELTIES.

A few Suggestions for the Sick-room.

WHEN God "set the solitary in families" he provided at least a partial antidote to the world's great evil of sickness. Let him who has ever been sick himself or had the misfortune to have a sick child in a boarding-house or on a journey, be my witness. After such an experience it is almost a luxury to be sick in one's own home where one may have the home comforts. Yet not every home is an abode of comfort, and especially in the case of sick children there is often an ignorance or a thoughtlessness about the best conditions of comfort and well-being that interferes with the progress of the patient and sometimes, perhaps, is even responsible for a fatal issue. Attention to small details of environment is quite the order of the day now in good nursing, and we are saving many patients that would have been lost in the days of our fathers. If a little loving care and forethought can only make

our sick dear ones a little more easy and restful we shall feel abundantly paid for any trouble it may cost us; and whatever contributes to ease tends to health, and may decide the final issue. Let us consider nothing trifling which will contribute in the slightest degree to the welfare of the youngest child.

First, then, let that room be selected and cheerfully given up to the sick one which includes the largest number of favorable conditions, such as sunlight, good ventilation, convenience of arrangement, quietness and heat regulation. In every house some one room combines more of these advantages than the rest. It is a great gain to select this in the first place for a patient, even if it is some one else's room. The little trouble of shifting a few personal belongings will be more than made up if a single hair's weight is thereby thrown into the balance upon the right side when the case becomes critical. It is a good rule

to treat every case of sickness, however trifling it may at first appear, as though it might result fatally. This remark applies, of course, to our outward actions. It is not necessary for us to be unduly worried until the doctor tells us that grave danger exists. Having selected the best room, put it in scrupulous order, and without nervousness or "fussiness" keep it so. This can be done by a little daily attention. Dusting should be carefully attended to, and should be done with a cloth frequently shaken out of the room so as to set as few dust particles as possible flying in the room. These are the chariots and parlor cars of disease germs. All bottles and medicine-glasses should be removed from view if possible, and this may be easily accomplished by obtaining a neat pasteboard box at the milliner's or at a dry goods store, which shall be about the size of the top of the table which it is to occupy, and of the requisite depth to hide a common goblet. A few flowers may be allowed, and pictures or any pleasing objects that will take up the attention and divert the mind. Shut out the outside world as much as is needful, but not more. An active little child will worry itself sicker if it is not allowed to see some of its usual playthings, and hear familiar voices. And the grown man or woman is in this respect a good deal like the little child. Remove, as far as possible, from the sick-room the impression that it is a jail. Let the attendant wear slippers, and not squeaking boots. Don't slam doors anywhere in the house. Think of all these things as far from trifling. In every-

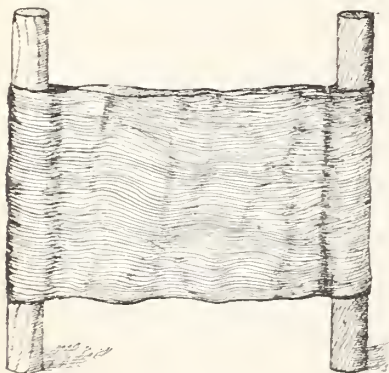


FIG. 1.

thing use intelligent thought, or, in other words, common sense.

The following special and simple devices have proved very useful and helpful in cases that the writer has been familiar with:

Fig. 1 is a stupe-wringer. It frequently becomes necessary to apply hot bandages to the head, abdomen, or other parts of the body. The desirable thing is to have them as hot as possible. To secure this result have a small oil-stove just



FIG. 2.

outside the door of the sick-room (oil is cheaper, less dangerous, and in all ways more satisfactory than alcohol, but the lamp must be kept trimmed and scrupulously clean); over it place a common porcelain saucepan half full of clean water. Take two rounds of an old chair, or other similar pieces of hard wood, for handles; out of a piece of bed-ticking make a square bag large enough to hold a good sized piece of flannel cloth for the stupe. Hem the ends or sides of the bag and run the sticks through the hems. You now have a wringer in which, by twisting the sticks, you can wring flannels practically dry out of boiling water. By having two or three cloths one can be kept in the wringer and be in readiness at any moment when it is desired to change it for the one last applied.

Fig. 2 is a device for keeping ice. Place the ice in a tin pail, and over the pail put a hood made of several newspapers, as shown in the illustration. Leave a small hole in the top of the hood for ventilation. With a few pins and two or three papers, this simple device can be made by a child, and it will keep the ice used for an invalid from melting for a whole day, thus saving the fatigue and disturbance of frequent trips down stairs for fresh ice.

Fig. 3 is a frame to keep the weight of the bed clothes off the body of a very sick and emaciated child. It is made of barrel hoops and light strips of wood, and is placed over the body in bed and the clothes drawn over it. It is sur-

prising how much comfort so simple a device will sometimes afford.

A planed board about a foot wide and as long as the width of the window sash will make a good ventilating apparatus. Place it under the raised sash, and it prevents a direct draught, but the

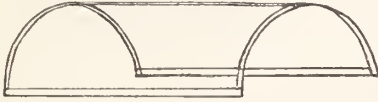


FIG. 3.

raising of the sash opens a passage for the circulation of the air between its top and the upper sash.

Every intelligent mother should have a fever thermometer, which can be had for a dollar and a half at any surgical store, and any physician will readily give a moment's instruction in its proper use. The parent will thus be able sometimes to detect hidden and dangerous symptoms, and to take steps to meet the danger long before it would otherwise be known.

Be calm in the sick-room; be cheerful; be silent if it is desirable, but when you speak be strictly truthful. Do not assume the unconsciousness of a little child, either because he is little, or because he seems very ill. The chances are that he will understand what you say within his hearing. Take your own food and your rest just as regularly as the abnormal conditions of the household can possibly be made to admit of, for by keeping well and calm yourself you will very largely increase the dear patient's chances for a full restoration to health and strength.

North Weymouth, Mass. F. H. PALMER.

A Medicine Chest.

THERE are few household appurtenances more convenient than the medicine chest, and whether it be of handsome carved oak or the simplest home-made contrivance, any woman who has once had one would part with many of her possessions more readily than with this. In cities, where an apothecary is to be found on nearly every block, it may not be deemed necessary to have simple household remedies at hand, but many a mother has been thankful to have a little arnica in the house for the sudden bruise that her child received in falling; or at dead of night to find the bottle of camphorated oil convenient, to rub the throat and chest in cases of difficult breathing.

In the country, where there is no drug store

and where the doctor often lives half a mile away, there is the place where no home should be without some medicines. Send for the doctor by all means, if necessary, but for all that have those things at hand wherewith you can ease the sufferer until the arrival of the physician. But don't have the drugs scattered; don't have the vascline up-stairs in the bed-room, and wonder where it is when Bridget burns her arm with the iron; don't put the ammonia in the kitchen closet and fly all around the house looking for it when Johnnie has been stung by a wasp; don't put the fennel tea in a vase on the parlor mantelpiece, and then "feel sure it was left right here," while Baby is screaming with the colic, but have one place where every remedy is kept, and for this purpose nothing can be better than a medicine chest. No matter if the house is small, no matter if there is a dearth of closet room, a tiny space can always be found for this important article.

In a cottage where there were but two small rooms, besides a tiny kitchen and bath-room, an ingenious little woman made a chest and a place in which to keep it. At the grocery store she found a nice clean box 15 inches wide, 10 inches deep and 12 inches high, and at a dry-goods store a board was procured, such as is used to fold silk or satin over. The board being thin, was easily cut with a sharp table knife, and was made 15 inches long and 10 inches wide. From the remainder of the board two slats were cut, each 10 inches long and 1 inch wide. These slats were nailed, one on each side of the box, inside, and 7 inches up from the bottom, ordinary carpet tacks being used for the purpose. With a little brown paint, the shelf, as well as the box, was stained on all sides, and after being allowed to dry, the shelf was set into position upon the slats, and as it fitted tightly, no fastening was required. Two iron brackets, such as are used to support bookshelves, were screwed securely to one wall of the bath-room, a space of 9 inches being left between them. The box was set upon these supports, and the supplies were placed therein.

Everything was arranged most systematically. In the lower compartment, which was high enough to permit an 8-ounce medicine bottle to stand erect, various bottles were placed. Camphorated oil, to rub a sore throat or chest; arnica, for a sprain or bruise; ammonia, for the stings of insects; Pond's Extract, for healing a cut or open sore; syrup of ipecac, in cases of

croup; paregoric, to soothe Baby; glycerine, for rough hands or lips; carbolic acid, for purifying purposes; castor oil and a cough mixture that had been made from an old and tried prescription.

On the upper shelf was placed a box containing 2-grain quinine pills, a bottle of pure vaseline, tiny packages of herbs for teas, such as peppermint, sage and fennel, a package of flaxseed, a box of mustard, and a medicine glass. This glass does away with the various spoons that were formerly used to give medicine. The glass is marked on different sides with numbers and words, indicating number of drops, and size of spoon, while the perpendicular lines around the glass show just how much medicine to put in. A mouth like that of a tiny pitcher enables the patient to drink without lifting his head from the pillow. As there was no more room left inside the chest, a pasteboard box was set on top, and in it were a number of neatly folded white rags for poultices and mustard plasters, a roll of absorbent cotton to wash sores and to bathe inflamed eyes, and two strips of flannel 3 inches wide, each rolled up tightly and fastened with a small safety pin, to be used for a sore throat. A diminutive curtain of cretonne made with a drawing-string, was fastened to the upper edge of the box to prevent the dust from entering, and the chest was complete, with very little expense.

No medicine chest can be said to be complete without all the foregoing, and as many other things may be added as individual experience suggests. Each bottle should be distinctly marked with the name of its contents, and every little package or box as well, so that in time of need there will be no mistaking one thing for another. Small labels bearing the titles of the various drugs can be procured at an apothecary shop for a very small outlay, or little slips of writing paper plainly marked with the name and pasted on will answer as well. The suggestion cannot be sufficiently insisted upon of using a special kind of bottle for poisonous medicines. A rubber cork should always be used in the bottle of ammonia to prevent evaporation.

The first-class furniture stores show medicine chests made of oak, cherry, or black walnut. These are of various dimensions, and one's own judgment or the space available for the chest, must decide as to its size. Many cases can be found with several partitions in the lower half, where bottles can be ranged without danger of knocking against each other. An eight ounce

medicine bottle can stand in this space. The upper shelf is used for boxes containing pills. Sometimes there is a little drawer in which the bandages, cotton, etc., can be placed.

Whether the medicine chest be elaborate or simple, whether of carved oak or an ordinary wooden box, is immaterial, but for rich and poor alike let the contents be the same, for in suffering there is no aristocracy, and the Cæsar requires the same remedy as the pauper, provided the ailment be the same.

New York City.

A. R. A.

A Home-Made Baby-Guard.

FOR the benefit of the many mothers who read *BABYHOOD* I give you the following instructions for making an article which, in my estimation, is worth its weight in gold, *i. e.*, a baby-guard. It not only saves the poor mother a great amount of annoyance in keeping the little one out of mischief, or from falling down stairs, but it also saves Baby's temper, as in many cases he is imprisoned in the high-chair or clothes-basket for safe keeping when the mother is engaged in some duty requiring her absolute attention. Then, I think, is the time when Baby should not be blamed for his protestations. But the chief advantage of the baby-guard is that it gives the little one an early chance to learn to use its feet. My husband made one of them for me, and the consequence is, our little girl commenced to walk when a little over eleven months old, and now, at twelve and one-half months, is very steady on her feet, and the day on which I write she climbed up stairs.

The guard which my husband made for me, the plan of which I give, is as follows:

It is composed of twenty-four pieces of nice clear soft pine, each $\frac{7}{8}$ ths of an inch thick, viz.:

| | | | | | | | | |
|---|--------|---|--------|------|-----|----|--------|-------|
| 4 | pieces | 3 | inches | wide | and | 4 | feet | long. |
| 8 | " | 2 | " | " | " | 4 | " | " |
| 8 | " | 1 | " | " | " | 17 | inches | long. |
| 4 | " | 2 | " | " | " | 17 | " | " |

To make one of the sides take one of the strips 4 feet long and 3 inches wide and two pieces of same length and 2 inches wide. Lay them parallel, the wider strips on the bottom, and the distance between the two outer edges to be 17 inches. Now take two of the shorter strips 2 inches wide and nail them across the longer strips about 2 inches from the ends. See Fig. 1. Care should be taken that the ends of the three long pieces are even before nailing. By duplicating this you have two sides, and the guard is half completed.

Now take three long pieces as before, one wide and two narrow ones, and four pieces 1 inch wide

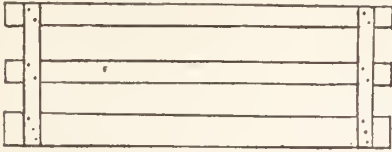


FIG. 1.

and 17 inches long. Nail one of these strips at each end flush with the ends of the long ones. Then nail the remaining two 1 inch further in, as in Fig. 2. Duplicating this the guard is completed, with the exception of the hooks and eyes.

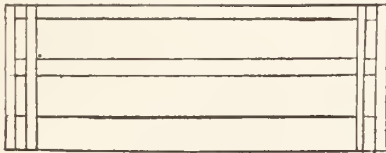


FIG. 2.

In the grooves formed by the strips in Fig. 2, the ends of the other two sides (Fig. 1) fit, the strips being faced outward. Now get eight hooks and eyes, the staples of the hooks and the eyes having screw ends. The hooks must all be screwed into the sides of the cross pieces of Fig. 1, and the eyes into the sides of the strips of Fig. 2. There are two of these hooks at each corner, one at the top and one at the bottom.

Wire nails 2 inches long should be used, as they can be clinched, and the guard will then be as strong as if screwed together.

Cincinnati, O.

J. F. T.

A Baby Food-Warmer.

THIS is a utensil in which food can be kept warm all night without the aid of fire. It consists of a tin vessel or "isolator" (see cut), lined with a non-conductor, and of a glass bottle holding a quart. The food is cooked, or warmed, and then put into the bottle and the bottle into the "isolator," where, after the lapse of eight hours, it will be found to retain from 130 to 150 degrees Fahr., so it is claimed. The advantages of this over spirit lamps, gas stoves, etc., can be seen at a glance;



and also its utility while traveling, or taking the baby out for a day—the warm food will always be at hand when needed, and the utensil containing it is very compact and easily carried. Price, \$3.50. It can be had from any of the Boericke & Tafel homeopathic pharmacies, and doubtless any druggist will procure it on order.

Substitute for the Nursery Chair.

I SAW an ingenious arrangement the other day that seemed to work admirably as a substitute for the nursery-chair. It was a large-size tin flour scoop. The end of it has a thick pad covered with rubber cloth. The end softened by this pad is slipped under the hips of the child as she lies on her mother's lap; one of the mother's knees being slightly elevated. After use the pad is easily taken off, and the scoop cleaned and laid in a warm place ready for next time. The babe at five weeks has already learned to wait for it after her naps and each feeding. It is rare indeed that a diaper is soiled or even wet.

Ann Arbor, Mich.

K. F. R.

The Mothers' Baby Guard.

THIS is a folding "cage" or "pen," 4 feet square and 22 inches high. It is not movable by the baby and can not be tipped over. The illustration gives a very good idea of it, and its use-



fulness in many cases can be readily seen. Many of BABYHOOD's subscribers have had similar contrivances made for their own use, while many others would be glad to be saved the trouble of having one made. The guard illustrated is sold for \$6, and may be shipped from either New York or Chicago. The manufacturers are the Guard Manufacturing Company, McVicker's Theatre Building, Chicago.

Enclosing the Piazza for Baby.

'I WOULD offer a suggestion about enclosing piazzas for children. Our piazza had no railing,

so we put wire chicken fencing around the edge, fastening it with double tacks to the pillars. A gate across the end made a safe, cool place for Baby to play in, and was a great comfort at small cost and trouble.

A. R. M.

Richmond Hill, N. Y.

A Protection Against Kicking.

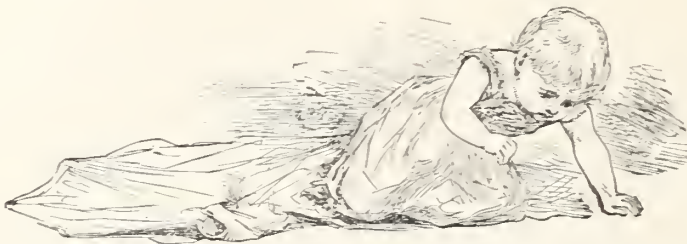
MOTHERS when away from home are frequently obliged to share their bed with a child of kicking propensities. Having had to undergo this form of discomfort, it occurred to me that there might be a way of protecting myself against the inroads of my irrepressible little girl, and as

my method, if not quite perfect, has afforded me at times great relief, I think it but right to give BABYHOOD's readers the benefit of my experience.

Above the regular sheet spread a second narrow sheet transversely, reaching only up to the pillows, and, after depositing the child on the side of the bed which it is to occupy, fold this narrow sheet over its body until the edges meet, and then pin down the edges with safety pins to the mattress. This forms a loose receptacle, in which the little one can kick about to its heart's content without interfering with its mother's rest.

Germantown, Pa.

D. F. L.



THE NATURAL INSTINCTS OF BOYS AND GIRLS.

BY ELLEN BATTELLE DIETRICK.

PROFESSOR WILLIAM JAMES of Harvard, in his new work on Psychology, makes the assertion that "the sexes differ somewhat in their play-impulses," and he elaborates this idea by the following quotation from Schneider:

"The little boy imitates soldiers, models clay into an oven, builds houses, makes a wagon out of chairs, rides on horseback upon a stick, drives nails with the hammer, harnesses his brethren and comrades together and plays the stage-driver, or lets himself be captured as a wild horse by some one else. The girl, on the contrary, plays with her doll, washes and dresses it, strokes it, clasps and kisses it, puts it to bed and tucks it in, sings it a cradle song, or speaks with it as if it were a living being. * * * This fact that a sexual difference exists in the play-impulse, that a boy gets more pleasure from a horse and rider and a soldier than from a doll, while with the girl the opposite is the case, is proof that an hereditary connection exists between the perception of certain things (horse, doll, etc.) and the feeling of pleasure, as well as between this latter and the impulse to play."

Now, presumptuous as it may be in a mere laywoman to differ with authorities so well qualified to judge of the play-impulses of infants, I must confess I think they are both utterly mistaken. I

do not believe that the natural, unbiased play impulses of the normal boy and girl do differ. A personal observation of children of both sexes, during twenty years, has convinced me that the boy inherits far more of the parental instinct, just as the girl does more of the active, restless, inventive spirit, than they are popularly given credit for. I know two boys whose passion for playing with dolls lasted until they had entered their teens; they were both strong, healthy boys, and one of them has made quite a reputation as an amateur athlete. Although ridicule led both of them during the later years to indulge their penchant in their own apartments, yet their respective colonies of deaf and dumb idols were not entirely abandoned until one was fifteen and the other sixteen. These boys were not related in any manner; one was born and bred in New England, and the other in a Southern State. One had two sisters and a brother; the other, no sister and one brother. Another New England boy of another family also preserved his doll devotion to a tolerably mature age, though in his case it may have

been due to delicate health. But a sturdy little chap in Brooklyn, N. Y., since his earliest infancy, has been a constant daily worshipper of a succession of rag-babies. I saw him a year or two ago at the age of four, and he was still in the habit of laying him down to sleep each night with his beloved infant closely clasped to his faithful and tender little heart. These are but the few cases which spring into recollection without effort.

But amongst little girls, on the contrary, of doll-haters I have known more than a few. In my own immediate family a canvas through three generations of women shows only two doll-lovers out of fifteen little girls, the rest decidedly preferring rough-and-tumble, active play in the open air.

The day after reading Professor James's judgment, as I walked abroad at school-closing hour, I overtook numbers of little girls amongst whom I took a census of doll-lovers and supposedly boy-play lovers. The first couple I encountered was two girls, one of whom had harnessed the other and was driving her with a whip. I soon won their confidence, and asked, "But you would far rather play with dolls, wouldn't you, than to play horse and driver?" "No, ma'am, we wouldn't," was the stout answer; "we'd rather run." The next group were hoop-drivers, and having aroused their interest in myself as a helpless female who wanted direction as to which street to take, I easily induced them to respond to my questioning. When it came to an examination on the doll subject, five of them did like dolls best, and four emphatically did not like dolls at all on first consideration, but admitted finally they might play with dolls if there were nothing else to do. The next Saturday I visited a morning class of small girls and pursued my investigations with about the same results. Coming home, I paused in the Public Garden to interview a three-year-old boy, richly dressed, who sat with his nurse on one of the settees. The look of contempt which appeared on his countenance as I asked him if he liked dolls, was a sight to see, and he indignantly informed me that he had a wagon, pointing to one near by which I had not observed. Here the nurse spoke up: "He do be 'shamed to play with dolls, mum, 'cause they're for girls."

Now this girl voiced what I have long thought. A deliberate effort is made to bias the inclinations of the sexes. My theory (confirmed by such observation as was possible) is that it boys and girls are left to their natural instincts, while it is true

that a proportion of each sex (like the absolutely unparental cuckoo) would be found destitute of the nursing instinct, yet the great majority of healthy, normal children would share equally this play-impulse, as also the impulse to drive, drum, fight, build, etc.

A study of nature in the animal kingdom, and amongst primitive peoples, shows that the male shares with the female both the desire and power to care for his young, which would naturally be reproduced in the play-impulses of children, if every boy, like every girl, received a doll as his earliest present.

We see this "maternal" instinct, for instance, in the sea-horse, the obstetric frog, the stickle-back, and other cases where the male incubates the offspring; or in the ostrich, where the male shares with the female the task of brooding the eggs; or amongst pigeons, where the male produces a milky fluid from his crop, as does also the female, and helps equally to nourish their nestlings therewith. That the power of suckling the infant has often been manifested by male man, is well-known to students, though like all dormant faculties it tends toward disappearance.

But a persistent and determined effort has been made, ever since the wife became subjected to the husband, to prove that women are in all their tastes and instincts different from men. In pursuance of this idea, ignorant nurses and shallow mothers begin from the cradle to train boys to suppress their girlishness and girls to repress their boyishness. That they do not always succeed even after these thousand years of effort, the instances I have cited go to prove.

An ideal education would know no male and no female until both boy and girl at least arrive at their teens. Together the parental instinct should be strengthened in them, as they are taught to wash, dress, love and care for dolls; side by side they should be trained to care for their own rooms and mend their own clothes; together they should be encouraged to play ball, roll the hoop, march, dance, swim, ride and row, and together be set to learn the same lessons, practice the same arts, and solve the same problems.

Such a training as this would give every soul a fair chance for its own individual development. Humanity started on its career with bravery equal in both sexes and chastity utterly unevolved in either. We have come now to the point where our especial aim should be to strengthen each in those virtues in which each is most lacking. As Charles Kingsley said, we need now to "teach

our boys to be chaste, and our daughters to be brave," and in no way can this result so well be obtained as by a life-start of twelve years in identical and joint education. Not the least of the improvements wrought in such a training for boys would be the increased respect men would come to have for "women's work," its value and importance. And few men who had been thoroughly trained in infancy in the care for dolls,

especially if it was supplemented by similar charge of younger brother or sister, could then be found so utterly destitute of all morality as to abandon their own children. We have seen in the case of one sex how virtues have been thoroughly rooted, and vices almost eradicated, merely by sedulous cultivation; there is then no reason to doubt that like success would develop from like efforts in the case of the other.



AN AMERICAN BABY IN JAPAN.

BY NELLIE H. CLEMENT.

SOME time ago there appeared in *BABYHOOD* an article, "Japanese Babies as Seen with American Eyes," so I wondered if "An American Baby as Seen with Japanese Eyes" would not prove of interest.

Mito is one of the most ancient cities of Japan, situated in the interior, and, until within four years, bitterly opposed to foreigners and foreign customs. At present we are the only foreigners, or as the lower classes call us, the only "barbarians" in this province.

Over a year ago a wee baby came to this city. Probably a hundred or more came during that year, but the one I speak of was a foreign baby. The news spread through the city and country about. There was one great disappointment—one of so grave an importance that, had it been otherwise, my story might have been much more interesting—this baby was only a girl. It was her first difficulty to meet, but in after months by her sweet smiles she won all for her friends.

The first thing of importance was her bath. There were in the room the Japanese physician, his assistant, and two Japanese women. One of the latter brought in a large tub filled with hot water, and was quite taken back when Baby's grandma took only a part of it, and that in a bowl, and called for a little cold water. Rubbing the child first with fresh lard delighted them beyond description. (Perhaps they would have boiled the child until white.) The attendants could only

look on in amazement from the first to the last, while their questions and exclamations of surprise and approbation were interesting to hear. The long white slip was the greatest oddity of all. It was in strange contrast to the heavily wadded and many-colored dresses of the Japanese baby.

During the first month the baby was fed partly with condensed milk. The Japanese never heard of such a thing, and thought it dreadful; and some said surely the child would starve, because the foreigners only fed her at stated intervals, and not every time she took it into her head to want it or something else.

Many were offended because we did not wake her up when they called, even though some one came every hour during the day.

The American friends in Tokyo and Yokohama have been so amused and interested in a list of presents we received during the week after Baby came, that I shall give it here just as it appears in the book.

Box of eggs (40).
 " " " (100).
 " " " (100).
 " " " (40).
 " " " (50).
 " " " (40).
 " " " (36).
 " " candy.
 " " "
 " " sponge cake.
 " " eggs (50).
 Doll and toys.
 Large fish.

Basket of artificial flowers.
 Piece of cloth for sash.
 Candy and toys.
 Bag of sugar.
 Bag of rock candy.
 Silver 50-cent piece.
 Paper 50-cent piece.
 2 collarettes.
 Crepe Japanese robe for winter.
 Crepe summer robe.
 Cotton summer dress.

The Japanese word "*tamago*" (egg) is made up of two words, *tama* (jewel), and *ro* (child). Thus the egg is very precious. Also, as from the egg comes the chicken, so from the child comes the adult. For these two reasons eggs are a common gift at such a time.

According to the custom here, the child on its first outing ought to be presented at the temple and dedicated to a certain god. The priest gives it a little charm to wear in a fancy bag tied on the sash, which is to keep away the evil spirit. (I notice the evil spirit often comes in spite of this charm). This custom we did not follow, but we did the one of calling on those who sent presents. Baby rode in the ubiquitous *jimikioha*, and had a goodly number of children running after, trying to get a peep at the little bundle.

She was gladly received wherever we went. Every bit of clothing she wore was thoroughly examined. "Did you weave this cloth yourself?" they asked. "Did you embroider this?" "Wouldn't the skirt fall off?" "How did you get that little shirt on her; won't it be hard to take it off without hurting her?" "Don't you put something in her *oyu* (hot water) to make her so white?"

The foreign baby must be strange to them all in white, when they think a baby all trimmed up with vermillion and pink is the height of beauty. Everywhere we went the interpreter had to answer many questions about the baby and *cow's milk*, and if all foreign babies were treated in such an inhuman manner. Before the call was over, the youngest child brought in a tray of toys. We learned afterward that we ought to have carried a basket of candy to each hostess, and then she must fill the basket with toys. I should feel as if I was begging in that way.

One of the little American baby's accomplishments was in letting the neighboring children know she was as capable of crying as loudly as they. From the Japanese standpoint we did not carry, trot and entertain her enough. I was quite amused to hear that one of our neighbors, whose baby cried quite as lustily as ours, consoled herself by thinking it was like the foreign baby. Poor little American babies, you had only one wee one to represent you in this city, and she was one of BABYHOOD's "irregular babies!" Months passed by, this little girl was still one of the wonders of the place. Whenever she rode out in her carriage a crowd of children soon gathered, running along at the side and crying "*waratte, waratte!*" (she laughs, she laughs!) or "*kawaii, kawaii!*"

(darling! darling!) They would laugh at her while she crowed and laughed back again. Before us were other children running as fast as their clogs and the heavy babies on their backs would allow, and calling their relatives and friends to come quick, for the "barbarian's" or "China-man's baby" was coming. The lower classes here do not know any distinction between foreigners, they are all the same to them. We can collect a crowd at any time, where a juggler has previously been the attraction, or perchance a monkey show is on the street. One day, when sitting at the window with Baby, we counted sixty men, women and children in the yard.

During the first year dolls were given us for the "Festival of Dolls." Every little girl, in former times, had a set. Sometimes they are very rare, having been handed down from many generations. This "set" is bought for or given to the child the first March (or, in case of the old calendar being used, in April) after its birth. The festival lasts about ten days, the little children being dressed in their best dresses and having a fine time generally. The mothers enjoy it too, and in several cases where there were no children I noticed the dolls all out on exhibition. The dolls represent the Emperor, Empress, Prime Minister, officials of rank, musicians, dancing girls, jugglers and peddlers. The Emperor has his wine set, his smoking table and dining table all set with miniature dishes; the Empress her bureau and mirror; in fact, there is everything one can imagine from the screens and banners to the kitchen fire-box and cooking utensils. These are all arranged on steps covered with red cotton. Feasts are spread and given to the dolls, but I presume the children have the largest share of the goodies. Perhaps I should have said that these dolls vary in size, some are only 2 inches, others 2 feet in height. They are arranged only once during the year, and packed away in the meantime, therefore it is a Christmas treat for the children. There is one great difference; this is a remnant of idol worship, while our much loved Christmas is a day sacred to Him who reigns alone and eternally. In former days the Emperor and Empress were considered direct descendants of Heaven, none of the people could look upon them, so these dolls were made and homage paid to them instead. The custom is gradually being given up, and the demand for the dolls is less and less. I am told by many that they are seldom seen in Yokohama and Tokyo.

Now the little foreigner is a year and a half

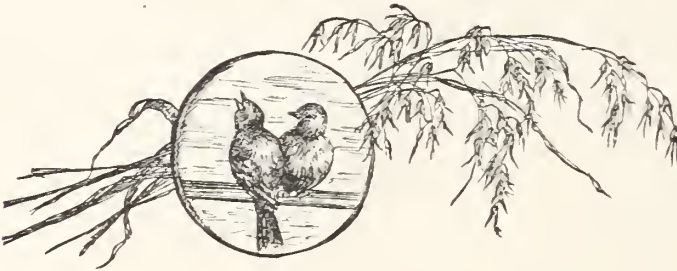
old, and even of greater importance than before. When she walks out on the street, the people are wild with delight. When she talks to them, trying a few English and a few Japanese words, the simplest of each, they seem to think her a prodigy. The Japanese babies are kept back so that their three-year-old children are not as far advanced as foreign children of one and a half or two years.

When the child was weaned, there arose another outcry from the experienced *obaasan* (honorable old women). Their children are never weaned until three or four years old, although they nibble at cakes and sweets all their lives. One woman, on hearing eggs were sometimes given, gave her baby a hard boiled egg! Anything foreign will do. The ideas they take from us are so changed we hardly recognize them. The "barbarian baby" had ties on her hat, so they must have some on theirs; it mattered not of what they were made, or if the two were of different material. Their dresses, of lawn or thin goods, were worn alone. No underclothes needed!

One more instance showing their idea of bringing up a child. Instead of saying to him, "now this you may play with, that you must not play with," and thus patiently teaching him to mind

you, this is what they do: On returning from a walk one day, having left my little daughter in our woman's care, I was surprised to find all the "mus'nt touches" piled up on chairs, bed and dresser, while the woman sat knitting without any anxiety. When I thought of rearranging everything my heart failed me. I wished the sisters of BABYHOOD could look in. Surely we could accomplish more by following this rule. The next time I left her with Baby I told her she must not put things away, for I had taught Baby she must not play with them, and if she had told her, "no, no," she would mind. A child's cry is a passport here to whatever he wants. He rules until five or six and then, if he is willing to abdicate, the parents take the scepter. As a general thing he keeps it, I find.

I have given you a few glimpses of one baby's life in a foreign land. I have written of what has happened here, and can only speak for ourselves. The climate is charming, the country beautiful, and the people here have been exceedingly kind, It is rightly called a land for children. Toys, amusements, and good times abound for the little ones, and among them all there is not one happier than this little one of which I have written, the American baby in Japan.



BABY'S EARLIEST IMPRESSIONS.

BY CLIFTON S. WADY.

"ISN'T it cute!"

Such is the expression of many friends who have seen our plaster cast of baby's hand; and for the benefit of the mothers who have desired to perpetuate the appearance of an infant's hand or foot, I will give directions for producing the same effect, as they are very simple.

I have read of the use of ink, but the method is not satisfactory. With plaster of Paris, however, every line of the little member may be brought

out plainly, and a permanent and beautiful impression of any part secured, and in a form to be easily preserved and cared for.

Procure 5 cents' worth of plaster of Paris and a little olive oil. In a rather deep plate of any kind mix the plaster with cold water, after first greasing the plate. The mixture should be to the consistency of very soft putty. That is, make a mass as soft as will hold together, and allow the hand to plunge into this (first greasing the hand

to prevent sticking), and in a short time—a very few minutes—the plaster will “set,” when the member may be removed carefully.



Before it is hard pierce the plaster with some sharp instrument—say a nail—making a couple

of holes near the edge for convenience in mounting later.

With some of the gold bronzes or liquid gilding, to be easily obtained, paint the surface *outside* the outline of the hand, going in between the fingers, but leaving the impression proper showing wholly white.

If you are intending to photograph the cast, be sure the plaster is kept away and prevented from extending over the fingers, as this would cast a shadow to the detriment of the photo. A cut is presented to illustrate; the finger ends which were pushed beneath the plaster look dark, it will be noticed. However, as this was our very first attempt at anything of the kind, we were quite pleased, for Baby cannot be made to hold his hand quietly in one place as readily as a grown person.

The best way to mount the cast is to cover a board with plush—blue looks well against the gold and white—and attach it by means of brass-headed tacks driven through the holes provided. This can be set in a shallow “box-frame” and covered with a glass, if desired, though quite an ornamental article is produced by simply mounting on a diamond shape and suspending as a picture.

So treated, Baby’s “first impressions” may be carried through his life with a decided touch of reality.

THE MOTHERS’ PARLIAMENT.

Reforming a Baby.

—About seven weeks ago I took into my kitchen a woman and little boy, the latter a little less than four months old, a pale, unwholesome, stupid baby, so stuffed with a concoction of milk and water, sweetened until like syrup, that he lay like a log, and, when not screaming, not knowing he had such things as fingers and toes. For three months he had been boarded with “an excellent woman, who keeps the babies so far and good,” who kept him in his carriage beside the kitchen fire during the day, giving him his bottle whenever he screamed, and at night “kept him right warm by having him sleep right with me, and cuddled close to my back.” Having my theories in regard to bringing up children, and the poor, young mother

knowing nothing about them, I decided to put a part of the theories into practice, and so began with regular feeding—once in two and a half hours at first, the time to be gradually increased to four hours during the day, and but once during the night, after being put to bed at six o’clock. By dint of scolding, I had my way during the day, but the night screaming was given in to, until the poor mother, being awake so much, gave out entirely, which caused me to take our little man for two nights. The first night he waked at about half-past ten for his bottle, which he had made his mother give him, but he had to cry for it this time until, after about three-quarters of an hour, he decided to go to sleep. He slept until half-past four, when he ate his milk with a hearty appetite. The second night he waked again at

the same time—and was asleep after twenty minutes' crying—to sleep until about five o'clock, showing plainly that it was not hunger which made him cry at half-past ten. This was the last night for "bottle screaming," as I called it, and the same thing might have been accomplished much earlier had his mother been willing to bear his crying.

During the day his carriage was never brought into the house, but after his bath at eight and a bottle of milk and strained oatmeal at nine, he was put out of doors in his carriage for a morning nap, which at first was not agreeable at all to our little kitchen baby, and so, of course, took a good deal of patience on my part, as I had to see that when he waked every twenty minutes, as he did at first, he was not taken out but made to go to sleep again, until he had had a nap of two hours at least. Then in the afternoon he was in his carriage for an hour or two again, the remainder of the time or the greater part of it being spent upon the floor, where he soon learned to amuse himself with his fingers.

At night he had been given his bottle again to suck along whenever he felt like it, but I made him eat as much as he would at half-past five, put him in his little bed and sang to or patted him asleep, until at the end of two weeks the little fellow expected after his supper to be put into a dark, cool room, and to go to sleep by himself. Of course, for the first week there was a great deal of crying and little eating done, as he did not know when he came how to eat a hearty meal and then have the bottle taken away. We have had him now for about seven weeks, he being now nearly six months old, and, instead of the pale unwholesome baby, with eruptions on his face and body and a cold in his head, we have a strong, rosy boy, who makes good use of his legs and arms, eats his four hearty meals, sleeps out of doors in all weather, cold or warm, and has never had a sign of croup, even after being out during some of the very cold weather during December, when our friends and neighbors were sure we were trying to kill the little fellow.—*Patience, Massachusetts.*

—Why do parents deceive their little children? I have asked myself often, and observation confirms the belief that it is to accomplish results which might be accomplished more effectually, though perhaps not so speedily, by honest, truthful means. But

no matter what the object of deception, the end can never justify the means.

What is more beautiful or more dear to the heart of the true parent than the loving faith of a child, its implicit confidence in papa and mamma? For a parent to destroy this confidence is indeed a sad mistake. It would be bad enough if it ended with the lost faith of the child; but to hear little children scarcely more than babies themselves, frightening their younger brothers and sisters with the same falsehoods which filled them with terror a short time ago is most deplorable, and illustrates forcibly the quick and baneful results of deceptive practices. The busy mother may gain longer time in which to labor by hushing her child instantly with a dire threat or a frightful story, and the indolent or selfish mother may obtain greater ease or pleasure in the same way; but oh, for some power to make these mothers realize the irreparable harm they are doing! What an astonishing decrease there would be in the annals of crime if it were possible to have one generation of men and women who were never deceived in childhood.

Not long ago a mother promised her two little daughters, under three and five years of age, that they should go with her to grandma's the first time she went. Being in a hurry and wishing to avoid the delay of getting them ready, the mother stole away, thinking, as too many mothers do, that a broken promise is of no consequence to a child. After an unsuccessful search in the house and grounds, the little ones came into the kitchen with tear-stained faces, and said to the girl, "Mamma has lied to us and run off to grandma's, and if she don't watch out the devil will get her." Comment seems unnecessary.

There are parents, who would not deceive their children about other things, who seem to think it necessary to invent stories to satisfy curiosity about subjects deemed improper for a child. It is perfectly natural for a child to ask where it came from, and there is no necessity for deception, though the parent may not think it proper to answer the question when first asked. Our own little girl, now nearly four years old, early conceived the idea that she came from "Sanconsiscon," by hearing us talk of San Francisco. She never asked for confirmation of this idea, but enjoyed the possession of it greatly for a long time. She seemed to have abandoned it, however, shortly after she was three years old, for she then asked me very earnestly where she

came from. I satisfied her by saying: "Mamma doesn't think it best to tell you now, but when she thinks you old enough to know she will tell you." And I answered her in like manner when she asked similar questions concerning the kittens, baby rabbits and little mice.

A few days ago she stood beside me smoothing my hair with her little hand. After a short silence she asked, "Mamma, are there any better mammas than you?" Thoughts of impatient words and acts rushed into my mind at the unexpected question, and I answered,

"Yes, dear, there are better mammas than your mamma."

"Why, mamma," she said, patting my cheek lovingly and pressing her face to mine, "I don't see how there can be any better mammas."

"Well, there are," I said, "but you would not like them so well as your own mamma, and I shall try hard always to be a good mamma to you."

She went to her play pleased and satisfied, and I believe that if I never deceive her she will continue to love and trust me always as she does now.—*Emma W. Folliffe, California.*

—The first thing he did in his life was to suck his thumb. There he lay on

Don's Advent. Mamsey's bed, such a wee bit of a baby-boy—only a little bundle of soft flannel, with nothing to be seen but the undefined tip of a tiny nose, and an infinitesimal thumb thrust into a small dewy mouth. All the family came to look at him; Granny with tears of remembrance over her first baby, who came—and went—so many years ago; Uncle Bachelor, who looked mystified and taller than ever; and, of course, Pappy, who squared his shoulders and threw back his head with a knowing air—why! it might have been the twelfth baby instead of the first—he knew so much about it.

Granny picked up the little soft bundle and cuddled it in her arms, finding all the sweetest places to kiss, with true grandmotherly instinct.

"Open your eyes, Baby-boy," she cried; "let me see if they are blue or black? They ought to be black; all my babies had black eyes; such beautiful eyes!"

But Baby-boy was only conscious of a delicious thump.

Then Granny asked Uncle Bach one of the crucial questions of his life. Turning to her tall

son and looking very far up at him over the tiny new head, she said:

"Don't you long to take him?"

Uncle Bach quivered apprehensively, then laughed, then reddened.

"I—I'm afraid of it!" he urged.

"Nonsense!" cried Granny, briskly. "Let me place him in your arms."

Poor Uncle Bach stretched out two very long, very stiff, very timorous arms, as though he were about to receive a cannon-ball, or perhaps something explosive, but the moment he felt the soft warm thing against his breast, nature had it all her own way. He, too, found sweet places to kiss, and, from that day to this, Don has always been "Uncle Bach's boy!"

"But Pappy," said granny:

"You don't know how to hold a baby; you've had no experience; give him to me." And with the deftness born of love, he cradled the little creature in his arms, holding the bobbly, downy head in one hand, like any old nurse.

What a difference Baby-boy made in that quiet orderly house, where Mamsey herself had been the last baby. Now, that she had this live dolly to play with, Mamsey was frightened every time he sneezed, or held his breath, or rolled his blue eyes away up out of sight.

Granny must come running from her easy chair, with a reassuring—

"All babies do so."

"But I thought my baby was different from all other babies," pleaded Mamsey, whimsically.

Over each slight ailment Uncle Bach fluttered a disconsolate newspaper and stood around in would-be unobtrusive corners, as tall and helpless as a marble column suddenly endowed with life, while Pappy, who knew all about babies, you remember, would ask with paling lips:

"Do you think he will die?"

But Don went on his baby way in sweet serenity, making all sorts of funny little faces at all sorts of hours, as babies will; he yawned in the most fascinating manner, stretched bewitchingly, as no baby ever stretched before, he smiled and cried, he grew and slept, or rather, did not sleep quite as he ought, and not at the convenient hours we should have chosen. Pappy began to make discoveries, and one morning at the breakfast-table he said ruefully:

"I always supposed babies slept at night, just like other people!" The bobbly, wobbly head never dropped off, though Mamsey was sure it would; the little white hands fluttered their way

into knowledge, the tiny feet kicked out lustily, the velvety limbs strengthened, and Don grew in health and beauty day by day.

Pappy, who thought him simply the only absolutely perfect child that ever was born into the world, was proud and pleased to show him, and was heartily vexed with the one or two very obtuse persons—quite devoid of taste—who did not rave over Baby-boy's beauty.

A certain young bachelor friend, one of a family of seven, explained his indifference thus :

"Perhaps if I had not seen youngsters lying about in all stages of development, ever since I can remember, I might get up more enthusiasm."

But Pappy's ardour would heed no rebuff.

"Isn't he a magnificent baby?" he demanded of a certain Auntie of mine. She laughed.

"He is a very nice baby," she condescended. "But magnificent? How can a baby be magnificent?"

Pappy and Mamsey looked at each other, and agreed privately that one particular baby could not be anything else.

The gold of the Indies would scarce have sufficed to buy treasures for this much-treasured baby, but his adorers must needs be satisfied with much less, and Baby never seemed to mind. Granny opened a bank-account for him in his dear little new name and Uncle Bach brought him a pretty gold-lined silver cup. He bent on one knee to place his offering in the baby-hands; then drawing himself to the full height of his six feet two, he observed with the full consciousness of his dignity :

"They say I look like the baby!"

One day the minister came expressly to see Don. He was an old man with bowed shoulders and hair of silvery snow. He had known Mamsey as a little child, and had seen her father and her grandfather, with many others, pass on to the "Hither Shore" during his long pastorate of a life-time.

Old memories made his aged face quiver, then a holy light shone in his time-dimmed eyes. He bowed his head over the babe in his arms, until his silvery locks swept the infant's cheek; and in a quavering voice, like one of the patriarchs of old, he blessed the child :

"May the Lord bless thee and keep thee; may the Lord make his countenance to shine upon thee; may the Lord guide thee and guard thee; may the Lord nourish thee with the bread and dews of Heaven, that thy paths may be the paths of peace."—*Jeanie Porter Rudd, Florence, Italy.*

A Tyrant and Her Victim.

—I witnessed, yesterday, from my Parisian balcony a sad case of a persecuted victim and of the tyranny of one

in whose hands was apparently absolute, irresponsible power. The victim was a woman, and therefore worthy of some forbearance and pity, but there was no pity in the heart of her tyrant. And why? That tyrant was a minute child who had learned the power of her own screams. The scene lasted so long that it seemed as if there would be no end to it. First the woman would take the child's hand and gently try to draw her along. Instantly the roars would break forth and fill the street, and the woman, either her mother or a governess, would meekly drop the hand, and the child, accepting the implied apology, would cease roaring. This was repeated over and over again. The passers-by every now and then stopped, and apparently tried to mediate between tyrant and victim. One woman went down on her knees and seemed to plead for sometime. In vain! One lady, in passing, gave the child a poke with her umbrella, whether in wrath or in jest I do not know. Then a gentleman tried his powers of blandishment and persuasion. Still the child refused to stir. I think finally the matter was settled by bribery, for after some talk the child suddenly took the woman's hand and walked off as amiably as possible.

It is such scenes as these that you have before you, mammas and papas of babies, if you are letting those babies, great or small, see that you are afraid to have them cry. Once give up to a child because it cries, and it will try again the recipe for getting its own way. Once let it get the habit of using the formidable weapon of lung-power, and you are enslaved. There is no more helpless mortal on the face of the earth than a parent who *must* give up, for fear a child will scream. The child knows it, and "knowledge is power." The youngest babies are knowing enough to discover their power in this way. Mine discovered it when he was too young to move when I laid him on a sofa. He noticed that the servant was afraid of his slightest squeak. I was not. Consequently he bullied her, and was a model baby with me. By the time he was twenty months old, his behavior in this way was simply ludicrous. Now and then a parent is absolutely obliged to be conquered by a screaming fit in public. A friend of mine was thus conquered, but a whipping, administered the moment the little rebel reached home, gave her a

hint that she must not again attempt to manage her mother by lung-power in a city street.

Some such penalty ought certainly to follow any such triumph on the part of a child who has thus temporarily conquered a parent, to take away the desire for future triumphs of the same description. Fortunately a child who does not have such triumphs in the privacy of home, does not generally indulge its parents in such scenes in public as I witnessed yesterday under my windows.—*Alice P. Carter, Paris, France.*

Diet After the First Year.

—When I have read the numerous excellent articles in *BABYHOOD* upon the diet of little children, I have often wished that the same warnings against rich and improper food could be given in regard to *BABYHOOD*'s "babies," when they shall have grown beyond their first years.

Most parents who are careful of their children's diet for the first three or four years, think that they can give them almost anything to eat after that time. This is probably because the older children do not show the effects of errors in diet, as the little ones generally do. It seems, however, very doubtful whether that is a sign that such mistakes are doing them no harm. We certainly should not allow our young boys to smoke habitually, simply because after one or two attempts they had found that tobacco no longer made them sick. Whatever might be our theories in regard to the use of tobacco by adults, we should be quite sure it was very bad for a growing boy and that harm was being done by it to his general health, even though we could see no present evidence of it. I believe the same rule applies to rich and unwholesome food. Certainly the following testimony seems to show it. One of the superintendents of a temporary home told me that although the children, before coming to it, had, like the children of all uneducated people, been accustomed to eat anything and everything, yet after they had been for some time at the home, and had had a simple diet at regular times, it was found that they could no longer indulge in unwholesome food without showing the ill effects. Just as surely as one of their friends came to see them, bringing them a present of candy, one of the attendants would be awakened that night to change the clothes of a child who had been vomiting all over its bed. This happened so often that it became necessary to absolutely forbid the giving of candy to them, though they

had formerly been accustomed to eat it with impunity.

Now, this shows some very curious facts about diet. Surely we cannot suppose that the regular and simple diet of these children could have really made them less healthy than before, and have injured their powers of digestion. It seems rather like a parallel case of the boy using tobacco. Nature apparently, when ill-treated, makes a protest more or less vigorous, but finding that her broad hint is not taken, gives up, and says nothing more to warn the offender, who goes on, gradually undermining one of the greatest earthly blessings—a good constitution. There is, accordingly, scarcely anything to which we cannot accustom ourselves, or our children, but that fact does not show that no harm is being done.

I once heard of a very significant remark made about our American children. A foreign physician said to a relative of mine that she often saw in the faces of children of the better class in this country a look which she had seen in Europe only in the children of the poorest of the poor, namely, the look of *starvation*. She said that she believed that there must be serious errors of diet to cause such a look, for it showed that in such children the food taken was not being properly assimilated, and that, therefore, the children were being imperfectly nourished, or, in other words, *starved*.

Certainly the parents who give their children hot cakes, fried food, pastry and candy, would do well to consider this testimony of a physician. Perhaps their abundantly supplied tables are really starving the children who sit at them day after day and yet seem to be always hungry and wanting something between their meals. Perhaps the unwholesome food is being so badly digested that not enough is naturally assimilated and made into good flesh and blood to supply the needs of growing children, who are thus being partially starved in the midst of plenty.

It certainly shows that we are not doing well by our children when we see them change, between seven and fourteen, from fine, rosy, healthy babies to pale, rather delicate children, yet it is a very common thing to see children thus degenerate. Parents seem to take the change as a matter of course, supposing that it is natural for growing boys and girls to look more or less delicate. That this is not so seems to be proved by the fact that when especial care is taken we constantly see very delicate little children develop into much more robust and healthy looking ones

as they grow older. This has been my own experience with a delicate-looking and undoubtedly really delicate little child who, up to eleven years, has been making steady physical progress since his first four years. When children do exactly the opposite, I think that parents ought to feel that they have been making decided mistakes in their bringing up, unless there is some serious hereditary drawback. When "a splendid baby" of two is a merely average child at seven, he certainly does not do his parents credit, unless, indeed, his fine appearance was merely due to a superabundance of fat.—*C., Jamaica, Mass.*

A Satisfactory Nipple.

—I notice in a recent issue a note from a mother who has had trouble with rubber tips collapsing. I always had trouble with Davidson's and bought them by the dozen—even going so far as having several dozen sent me from the manufacturer without being punched, thinking I could punch them myself in such a way as to prevent collapsing. Last summer, at Beach Haven, I came across five tips of very smooth, black rubber, seamless, that seemed never to wear out. Eventually I was obliged to look for more, as through carelessness on the nurse's part several were lost, and the others tore around the bottom from being tied on the bottle, a precaution I always take when I think it necessary. The tips remained perfectly good, however, about the opening at the top. I had several druggists try to find out for me where they were to be found, and, after a lengthy search, I succeeded in learning that they were made right here in Philadelphia, at 6th and Arch streets, by Maris, and those I had been using were the large size. One peculiarity about them is that soda-water used to wash them has no effect whatever upon them beyond cleansing them, and you can readily understand how long they wear when I tell you that the few

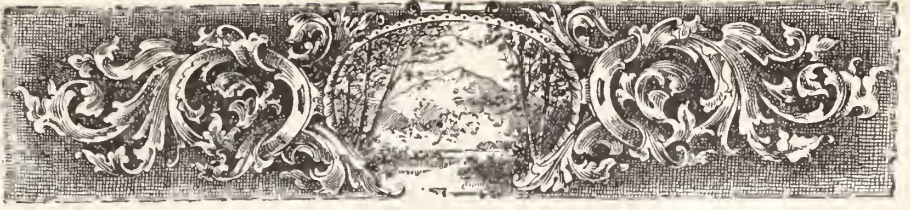
I bought in July last year lasted me until mid-winter, and would have lasted longer had they not been lost. It has been such a comfort to me to have them that I feel as if any mother using these would be glad to learn my experience in this direction.—*Louise E. Hogan, Philadelphia.*

Electricity as a Cure for Constipation.

—Having a boy of six years who has always been troubled with constipation, I wish to say a good word for electricity as a means of overcoming it. He has been under different physicians' care of both schools, and everything has been tried, massage, diet, medicines, suppositories, but all without any lasting effect, until finally, thinking of electricity and knowing what an excellent effect it has upon some people, I determined to try it. I will admit that my physician, out of town, also one in town, who makes a specialty of electrical treatment, tried to discourage me, telling me that I would be unable to do anything with a small child, but I found it comparatively easy by talking and reasoning with him. I have a "Florence" battery to one cord of which is attached a handle with a sponge on the end of it, which, being moistened, is rubbed on the bowels. To the other cord is attached an "electrode," which is inserted in the rectum, being first rubbed with vaseline or soap to insure its going in easily. Every night, on going to bed, I insert it for ten minutes, and for the last month the child has had a natural movement without the aid of anything, something he never has been known to do before.—*A. B. C., Massachusetts.*

[In the particular case it is doubtful whether the effect is due to electricity or to the presence of a foreign body (electrode) in the bowel for ten minutes. But we may give the Faradism the credit. The chief objection to such recommendations is the doubt as to what kind of a person is to use the battery.—EDITOR OF BABYHOOD].





HABIT OR INHERITANCE?

BY BITTERSWEET.

"Habits are soon assumed, but when we strive

To strip them, 'tis being flayed alive."—COWPER.

NONE will more deeply feel the truth of the poet's words than a thoughtful and faithful mother, who, from the time the little being to be moulded into "a bundle of habits" lays its helpless head on her breast, must be ever watchful to endow the little one with a "second nature" which shall be for its highest and best good.

The word habit is defined as "a customary state of the mind, disposition or manners resulting from frequent repetition," etc. Yet, while every one will readily admit that a child is taught good manners by careful training, constant watchfulness and repetition, not many will as promptly accept the theory that a beautiful disposition, or a well-rounded mind, by the same constant repetition, training and watchfulness may also be given a child, though all admit that a child constantly allowed to repeat bad habits of impatience, temper, cruelty, will develop a disagreeable disposition and become fretful and irritable.

Thoughtless young parents, overwhelmed with their great love, find it difficult to apply truths of this kind to their own offspring. Perfection seems to them born in their little one, however faulty the children of others may seem to them. But now and then blind, over-indulgent parents are forced to see the ugliness with which the character of their offspring is disfigured and try to solve the mystery why their little girl or boy is so unlovable, peevish, irritable, wayward, etc. As a result of their inquiry in this direction, they rarely admit that they have been criminally unwise in training, but find some solution which bears as little relation to the real cause as anything well could. The following illustrates this inability of parents to see the evil tendencies of their own children, and also shows how rapidly bad habits develop:

A young couple were blessed with a fine little girl, and she, being their first-born, was of course

a very remarkable child. She was doted on, and petted, and tossed, and kissed, and trotted till her little head was completely turned. Even older people could not stand so much admiration. As a baby this child was happy and contented, deserving, as a baby well could be, of the adulation lavished upon her. Time went on; also unintermittent attention and petting. Day by day the child grew more and more tyrannical, needing constant care and entertaining. A year later, I found her running about, happy if doing as she liked, exceedingly unhappy and disagreeable if not. When crossed she would run and throw herself face down on the floor in some corner, kicking petulantly meanwhile. Her parents failed to check this tendency. Her father, who was a man of good sense in every other particular, would say, "Gracie don't want to please papa, papa cry!" and then would follow a childish imitation of weeping at a time when parental authority should have been assumed and the first tiny sprout of the ugliest of all weeds, ugly temper, sternly stamped out. The second year she was still further developed in habits of impatience, peevishness, temper, selfishness and willfulness.

The unwise little mother now seemed to realize that her little daughter was very unlovable to others, and she was constantly talking to her about being naughty, and all day long it was a ceaseless round of scolding, crying and petty punishment—a household where the stranger found little quiet and peace. At this period the father told me that he was very sorry his little girl was so naughty, but they must make the best of it; it couldn't be helped, "she was born so." It seemed that during pregnancy the mother had been subjected to great grief and severe trials, and had been very unhappy, had cried a great deal and had been somewhat petulant and unreasonable—the latter state not extraordinary or unprecedented under the conditions. The state of mind he maintained had

been transmitted by the mother to the child before its birth. And, as a proof, he pointed to his second baby, who, like the other at the same age, was exceedingly pleasant and happy.

I repeat to my readers the opinion I gave this fond parent, that however unfortunate the conditions of the child's birth might have been, much less injury had been wrought on the disposition of the child by mysterious influences we cannot comprehend than had plainly and naturally resulted from the disastrous policy he had pursued, allowing little faults, which seemed very cunning at first, to grow into disagreeable traits of character. However, he could not accept this, and still continues to treat his children as though they were born endowed with all the good as well as all the bad qualities they would ever possess.

Some of *BABYHOOD*'s readers have described their trials in correcting the habit of sucking the thumb. They very bravely fought the battle and won the victory, but, had the habit been one of selfishness, willfulness, temper, cruelty, would they have seen the evil so quickly, and so faithfully checked it? Let us hope so, but when we compare the number of individuals having physical bad habits with the number of morally deformed men and women, we fear attention to physical misdemeanors is far more constant than watchfulness for moral imperfections. Physical good habits, viz., cleanliness, order, exactness and all other habits of bodily care are desirable, and indeed almost imperative, but if they are neglected in childhood they are much less difficult to acquire than are habits of mind and disposition.

The first of all excellent habits is obedience. A mother's first and strictest law to a little child should be obedience. Dependent as the child is for safety and care on his guardians, this is imperative, and it must be complete and unquestioning. This one habit absolutely secured in a little child will do more to prepare the ground for future training than anything else can do. An obedient child can never very long persist in wrongdoing if the parent is a watchful one. To secure this valuable foundation, habit, on which so much depends, the most constant care must be

exercised. Tell the child once, and once only, to do a thing, and that not in a loud tone, but in a quiet gentle way, showing that nothing but obedience is expected or will be accepted. If the training is begun in this way the child will usually obey promptly, no other course being suggested to the little one. Parents sometimes suggest the alternative themselves in the way they give a command. One says, "Harry don't want to be a naughty boy, does he?" when the child had no thought of doing wrong. It is only when a child of three or four years has been often spoken to in this way and allowed to disobey, and has learned by the nervous repetition of the command and the tone in which it is given, that there are doubts in the mind of his parent whether he will render obedience, that hesitation occurs. If you tell your baby to come to you, see that he does it, and that you do not instead go and fetch him. It is in simple little things like these that good habits are made or bad ones are acquired.

Unselfishness is all-important and must be faithfully inculcated. Baby should early be taught to offer his sweets to those about him, and, when possible, older people should share them with them. He should give up his toys to a visiting child and make room on his papa's lap for his little brother.

Gentleness is desirable next in order, and the child should never be allowed to strike his pets, or even play at punishing dolls or other toys. It would be well, if it were possible, that he should never hear or see a quarrel. To allow him to strike an object because it caused him a bump is to allow resentment to be entertained.

Truthfulness is a quality every child possesses until it is perverted by bad influences or example, though some children, having great imaginative powers, will sometimes relate things occurring to their minds which resemble untruths, though they have not the evil intention of such.

A child possessing or from wise teaching acquiring such qualities, will, by prompt obedience to his parents, be loved by all about him. And loved by all, will he not, possessing this beautiful character, crown it by loving all in return?





BABY'S WARDROBE.

A Band of Jaeger Flannel.

My little son is one of the happy babies who have been clad in the "Gertrude" suit from birth. However, I have made an addition to those admirable garments that may prove helpful to other young mothers finding the same difficulty I did. Our house is apt to be draughty on windy days, and after discarding the band, I found that baby's abdomen was often cold. I hit upon the idea of putting a strip of Jaeger flannel around him, pinned in front with four very small safety pins. The Jaeger flannel is so elastic that it does not hinder the development or action of the organs, and gives the necessary warmth without uncomfortable wrinkles. Baby's suit, then, consists of the band and "Gertrude" shirt, of Jaeger flannel, the skirt of baby flannel, a muslin slip and a pair of socks. This keeps him perfectly warm, and he has enjoyed a healthy, hearty babyhood.

E. S. M.

Cleveland, Ohio.

Flannel for the "Gertrude" Suit.

WHY is flannel never mentioned as a material for the first garment of a "Gertrude" suit? Is there any objection to it? I have made up for my second baby, for spring and summer wear, the "Gertrude" suit with a very dainty first garment of fine, soft, smooth-finished, all-wool flannel, finished with silk embroidered scallops around the skirt and sleeves, and having soft white India silk binding at neck and for a flap under buttons down the back; seams turned on outside and cross stitched down on either edge with white sewing silk, letter C. Nothing could seem softer and smoother. Is there any danger of irritation of shoulders and arms next the flannel? The night gowns are of Canton flannel.

I want to mention how I have avoided the objection to the "Gertrude" garment all opening in the back. To open one in the front would spoil the facility of dressing the baby, preventing all the garments being put on at once; I have, therefore, chosen to have the first garment open

at the *left* of the center of the back, the skirt open at the *right* of the center of the back, and the slip open in the center of back as usual. This avoids gaping of openings and exposure.

I wish to tell, also, of a band I have made which seems to me to bridge the division between the inelastic flannel bands and no bands at all. That the new baby needs something warm about its bowels, and something to hold the navel dressing, etc., in place until the soreness is gone, and something to prevent the clothing from chafing the navel, I am convinced; but I noticed with my first baby that the flannel band, pinned with reasonable looseness, would invariably work up till it was under the arms, and the navel compress be found around the child's back. This time I took three ribbed cashmere shirts of the first baby's which had shrunk out of all usefulness in the sleeves, and button-holing these around just below the opening, I cut off the lower half, leaving the button-hole stitch to hold the cut edge firm; then splitting down one seam I had a soft, elastic ribbed band, which could be pinned tightly enough around the abdomen at lower and upper edges to hold it in place, while still leaving elasticity enough to provide for distensions and insure comfort. After the first month these can be sewed up at the side seam again and used like the ordinary knitted band slipped on over the feet.

New York.

M. S.

[WE believe that BABYHOOD has mentioned more than once the use of flannel for the "Gertrude" suit, and it is certainly a very desirable material therefor. It should not be irritating to a child with a healthy skin; but if, through individual conditions, it proved to be so, there is no reason why an inside jacket of China silk could not be used as a lining to the first garment.

There is a kind of cotton and wool flannel in the market which is very soft and fine, and comes at a reasonable price, which BABYHOOD prefers to Canton flannel for night gowns. It washes admirably, "fulling" as little as any woolen material can.—EDITOR OF BABYHOOD.]

Oil Cloth Bibs; Moccasins.

AN ingenious mother of my acquaintance makes an excellent use of marbled oil-cloth. She has table bibs for the small children made from it. They are cut as shown in Fig. 1, and the neck is bound with tape, the ends of which are left to tie. The lower end of the bib lies on the tin tray, and whatever food is dropped in its upward journey does not soil the clothing or fall on the floor.

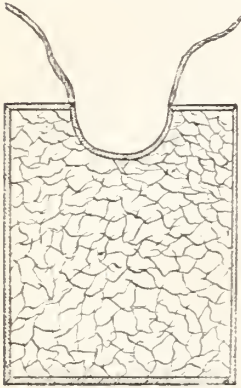


FIG. 1.

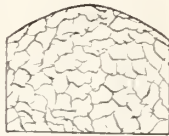
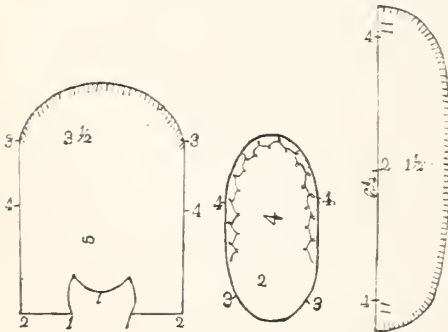


FIG. 2.

They are easily kept clean and renewed. She has, too, a piece of the same cloth tacked around the front of the opening in the low chair. The use is obvious. The shape is as shown in Fig. 2, and about seven by four inches.

Baby's shoes are of felt or Windsor cloth, made after a moccasin pattern. They are button-holed and feather-stitched with embroidery silk and tied around the ankle with narrow ribbon. They



stay on, and are warm, comfortable and cheap. Each pair lasts three or four weeks, and costs about eleven cents. Felt is preferable to chamois skin, as it is cheaper and does not soil.

The pattern given is for an ordinary six months

baby, the figures inside representing size in inches. Put pieces together as indicated by figures, gathering or whipping from 3 to 3. Sew the 4's together securely at either side. Fasten the middle of one-half a yard of ribbon securely over seam 2-1, beginning at 2, and pass the ends through the parallel slits cut on either side, 11. Of course the pattern may be varied in many ways.

St. Paul, Minn.

H. L. H.

Nursery Wrappers and Worsted Slippers.

ONE of the institutions of my nursery is a wrapper or "double-gown" for each child. When I am weary nothing rests me as quickly as to undress and don some loose garment. I thought I would pursue the same plan with my little folks, and now there is nothing that does as well as these wrappers for tired or sick children. To make wrappers for five small frames requires a good deal of material, and I looked at my pattern, then at my pocket-book, and the former loomed up much larger than did the latter, and this meant wits must take the place of dollars and cents. It is a custom of mine to rip up a discarded dress and put it away for smaller garments. I had several of these, and I washed those that needed it in gasoline; I sponged others, and from the pieces I evolved wrappers of pretty outside material, lined inside in approved dressing-gown style with plainer stuff, and the collars and cuffs of bright pieces of velvet or silk, that had been tucked away for odd uses. Buttons from the bag fitted new button-holes, and I had the satisfaction of seeing four useful and tasteful garments hung up, at an actual outlay of twenty-five cents for the four. The fifth cost more, as even my treasures came to an end.

Did all the labor pay? some one asks. I made these wrappers nearly two years ago, leaving them large for their little owners, and they are good for two years more. Yes, that part has paid.

Now, for their uses. Sometimes the naughty has to be rubbed off between the sheets, and as the lying down means more propping up with active little bodies, the wrappers are put on, and protect chests and arms. Sunday night closes in after a quiet, busy day, and the amount of spirits bottled up is equal to a ton of dynamite, so the best clothes are put away, and with wrappers over "nighties," there is a chance for a run down the long hall, or a somersault over the foot-board, or a frolic before bed-time. All stand or sit around with their Sunday evening supper in

their hands, and no one takes cold, and it's a "fine time" for them all. In sickness the wrappers are invaluable, keeping the child protected in its restless tossings of the bed-clothes, and guarding against any sudden chill. In many ways do these cheap, pretty, useful garments make themselves invaluable, and I look forward to making many of them, a little larger every time.

With these wrappers go the knitted slippers. There is a bag that hangs on my sewing chair, and in it I keep worsted and needles, and when a friend comes in for a chat I bring out my knitting and before I know it there is a pair of slip-

pers completed, and that means no cold toes for the urchins. Sometimes, at Christmas, or on a birthday, bright hued "slumber socks" are found and prove to be "just what I needed," for the sudden raids through the hall make the slippers wear out faster than do the wrappers. I could enumerate fifty uses for wrappers and slippers, but I forbear, only saying it makes one less anxiety for the mother when she knows there is little danger of colds from the flying about in night gowns, and no nursery would be quite perfect without the scrambles and pillow fights of these gowned little figures.

Norwich, N. Y. MARY HEDLEY SCUDDER.



NURSERY PROBLEMS.

Enlarged Capillaries.

To the Editor of BABYHOOD:

Will you please give a new subscriber, and inexperienced mother, a little desired information? What is the proper course to pursue when a baby is afflicted with enlarged capillaries? Of course the blood settles in these places, making very red spots. They were there at birth. Are they likely to disappear in time, or is it best to have them operated upon? And how old would you think best for a child to be when it is done? Our physician advised their treatment by electricity. What is your opinion, and would you give me the address of some one making a specialty of removing marks?

Michigan.

M. C.

The question of the necessity of operation depends upon the degree of enlargement and other details which only a trained observer can note or decide about. The electric needle is one of the accepted forms of operation in suitable cases. We never heard of any such specialist, but any good surgeon or general practitioner can do all that is needed. If your physician desires advice, you can have the best of it in the large towns of your State.

Concerning Bangs.

To the Editor of BABYHOOD:

I would like to hear from BABYHOOD on the subject of "Bangs." Does the wearing of the hair in this way cause it to grow down on the forehead? To my way of thinking it is the prettiest fashion for a child's hair, but if it tends to a lowering of the

hair line it might be undesirable, as by the time the child is grown and high, bald fronts are again "the style."

L. W. R.

Hedrick, Iowa.

Hair grows only where hair follicles exist. Therefore it cannot be made to grow anywhere by any direction of brushing. But it is possible that a tendency of the hair to hang in a certain direction might be favored by brushing. Nevertheless we believe that "banging" does not tend to produce this peculiarity. No such peculiarity has developed in men who as children had banged hair. There is an enormous tendency to attribute effects to causes to which they had no relation whatever. It is not probable that the "high, bald fronts" will ever be fashionable for long for women, as the combined suffrage of civilized peoples from Horace's day to ours has voted them ugly. So you need not worry about girls' bangs. For men there is, fortunately, no fashion in hair, whatever may be said of beard.

Quantity of Clothing Needed in Hawaii; Going Barefoot.

To the Editor of BABYHOOD:

(1) How much flannel do you consider necessary for a baby in the Hawaiian Islands to wear? My baby wears a long-sleeved, high-necked silk and wool woven undershirt, with a silk and wool flannel shirt buttoned to it. She is one year old and has two teeth. She does not seem to suffer from the heat

but I am anxious all the time because relatives say she is too warmly dressed. I forgot to add that her little slips are of the thinnest white India linen.

(2) She wears black silk stockings and soft silk shoes or soft leather shoes. Do you think it advisable to let her go barefooted? If not, please state your reasons. NURSE.

Honolulu, H. I.

(1) We do not feel able to state with positiveness what is needed in Hawaii, but our impression is that the apparel described can be safely borne. The number of layers is always important, a given weight of material in many layers being more trying than if in few. If the baby's dress consists only of the silk and wool undergarments and the very light linen overgarments we should judge that she was very properly dressed. If it is too much the skin would probably show signs of irritation.

(2) It is proper to let her run barefoot in doors on smooth surfaces during warm weather. The feet will be bruised if she is allowed to run barefooted on hard ground, and the painful "stone bruise" may result.

Belated Speech; Learning to Use the Chair.

To the Editor of BABYHOOD:

(1) We have raised our little daughter by BABYHOOD rules. She is now two years and nine months old and, although she seems to understand most things, will not try to talk much beyond the use of nouns. She mentions the name of what she wants, jabbars a lot of baby gibberish and contentedly thinks she is talking like big folks.

(2) Another serious trouble is my entire non-success in the use of her little chair. Will you kindly suggest aid for the two above troubles?

Grand Rapids, Mich.

D.

(1) In the matter of the speech there is nothing to be disturbed about if the child uses her nouns intelligently and for the correct objects. We have seen some children who were hardly intelligible until five or six years old, but became very glib talkers very suddenly, a little later.

(2) The want of success we presume to mean difficulty in getting the child to use it or to refrain from soiling the napkin or clothing. Nothing but patient persistence can accomplish the result desired, but it always is accomplished if the child is ordinarily intelligent and has no trouble of the bowels.

A Bathing Apron.

To the Editor of BABYHOOD:

What would you recommend for a water-proof apron for bathing the baby upon and for nursing purposes? M.

Frides Crossing, Mass.

For any ordinary bathing, a large apron reaching well around the waist and to the hem

of the dress, made of heavy, wide, Turkish toweling, is sufficiently water-proof, and is much more flexible and comfortable for the baby than the common one of rubber cloth with a slipping towel or blanket over it. When the wet baby is lifted from the tub to the lap the ample folds of the toweling apron can be turned up over him protecting him thoroughly from the air, while the drying process is carried on. A quilted pad of cheese cloth is very convenient to lay under a nursing baby, and, unless a mother prefers a big apron, the pad, which can be washed as well as any cotton article, is quite as useful.

Stocking Supporters; Round Garters.

To the Editor of BABYHOOD:

Will you please tell me, if the "Gertrude" suit was used for short clothes, as suggested in a recent number, how the stockings would be supported?

Does BABYHOOD approve of the round elastic?

Claremont, N. H.

R. C.

Where the "Gertrude" suit is used for short clothes for a child too young to stand—as a child usually is, when the change of lengths is made—there seems no better support for the stockings than a piece of inch-wide tape, sewed to the top of the outside of the stockings, and fastened with a small safety-pin to the napkin. Of necessity, the stockings of an infant of that age need not, and must not, be held so smoothly up as those of an older child. On many children the webbing band, at the top of a merino or silk stocking, will keep it in place. For a child able to walk, side garters attached to a narrow silesia yoke, passing over the shoulders, are the most desirable we know of. They may be purchased at about fifty cents a pair at many city shops.

BABYHOOD does not like round garters for children of any age, when they can be avoided.

Diet for a Year-Old Baby.

To the Editor of BABYHOOD:

I have been watching the "Nursery Problems" for suggestions regarding diet for a year-old baby, but find they all have reference to warm weather. The climate here varies so little, no consideration need be paid the summer season. I would like advice about the diet of my year-old baby, who has five bottles of milk a day, one every three hours, the bottle consisting of two-thirds milk, one-third bran-water, and one teaspoonful sugar—but who craves and begs for food. We have given him, I suppose, two or three slices of bread during the day, but I read in your last number that "too much bread is injurious."

(1) How shall I wean him?

(2) If mush is used, what kind would you advise?

(3) Would giving the bottle on awakening in the morning and retiring at night, mush and milk at

9 A.M., soup at noon, and bread and milk at 3 P.M., be a wise plan?

AN APPRECIATIVE SUBSCRIBER.

Oakland, Cal.

(1) If he takes five bottles of milk a day he is already weaned. The only change to make is to teach him to use a cup instead of a bottle. Milk must remain the staple of his diet for years. You can teach him to use the cup gradually. Do not let him drink too fast at first, nor ever, if you can help it.

(2) Oatmeal or barley for the present; when he is a year older, add wheat and the various preparations of Indian corn (farina, hominy, meal, etc.), for variety.

(3) Yes, after you get on a little; for the present, milk, bread and mush will do, without the soup.

Sterilized or Condensed Milk.

To the Editor of BABYHOOD:

Will BABYHOOD please inform me if there is any preference for sterilized milk over condensed? My first baby thrived on condensed milk when fresh cow's milk did not seem to nourish him. Which milk would you feed to a little one expected in the fall? I was not able to nurse my first baby. Is it better for a child to wear bands at first, and for how long?

C. J. C.

Canaseraga, N. Y.

The difference is this: Sterilized milk is milk unchanged except so far as heat changes the relations of the constituents. Condensed milk has also been exposed to heat, but generally some of the fat has been extracted of necessity and some sugar has been added to many or most brands. Our preference is for the fresh milk, but there are exceptions to all rules.

It is customary to put upon the new born baby a band. That it is really necessary or desirable we are not sure. It should never be really tight, just a comfortable support, and may be safely left off after the navel is soundly healed.

Time for Weaning.

To the Editor of BABYHOOD:

My baby, when born, weighed less than 5 pounds. I nursed him until he was nine months old when he weighed 16 pounds, and as he had not increased in weight for several months I began to give him, in addition to the breast, peptonized milk powder and cream-milk and water about three times a day. He took it very reluctantly at first and at the end of a month refused it altogether. I tried Mellin's and other foods with the same results. Now he is eleven months old and I nurse him every three hours. He seems well and happy, but does not increase in weight. He has always been perfectly healthy and has seven teeth, which came with almost no trouble. He takes daily naps of two to three hours, goes to bed at 7.30 and sleeps well until near midnight, after that he is restless until morning.

If any one has had a like experience, I should like to know when and how Baby was induced to take food, and what was found to be the most nutritious.

Sharon Hill, Pa.

E. B.

At the age of eleven months he is about old enough for weaning. As he does not increase in weight and has not gained for some time, he probably is underfed. He can very likely digest now good cow's milk, diluted somewhat at first. Probably two-thirds of milk and one-third of water will be best to begin on. Give at blood heat. Persist in it, for he must presently be weaned, anyhow. Give it from a cup, as the bottle is no longer needed. The proportion of water can soon be diminished somewhat, and after a while he can drink pure milk. He is probably one of those children, such we often see, who prefer to suckle and are unwilling to make any change to the varying of diet, just as we see—and still more frequently—children who are only too willing to make dietetic experiments. With the conservative type nothing succeeds so well as persistence on the part of the mother, and after weaning hunger becomes her ally.

Brick-dust in Urine; Cold Feet on Waking.

To the Editor of BABYHOOD:

Please answer the following questions about a little girl of five, perfectly well in other respects:

(1) What is the cause of brick-dust deposit in urine, and what the cure?

(2) Why should she have cold feet on first waking in the morning, no matter how warmly covered, and what is the remedy?

J. B.

Rhode Island.

(1) The brick-dust deposit is composed of the urates. It appears in various conditions of faulty assimilation and tissue changes. In a child otherwise well, it almost certainly depends upon a digestive fault, the probability being that the child gets more than it can digest of nitrogenous or saccharine food. Possibly it has a gouty or rheumatic heredity.

(2) The cause is a faulty circulation, and may be connected with the other derangement.

Schedule for Nursing; Mixed Feeding; Age for Weaning; Diapers; Light Underwear; Bathing; Blanket Fastenings.

To the Editor of BABYHOOD:

(1) Will you kindly arrange for me a systematic way of caring for my little one of five months in regard to best times of nursing, bathing and taking a ride in his coach each day?

I wish to establish regular habits with him, if possible, and would like your help as to the best way of doing so, both for summer and winter weather in such a climate as Philadelphia, as I suppose that his outdoor exercise should be taken at a different time in summer from that in winter.

(2) If a mother has enough breast milk, do you

advise giving one feeding of some prepared food, as many do? If so, what food is best?

(3) At what age should a child be weaned if born in January? What food do you recommend using first after weaning, and should the milk used in its preparation be boiled then or not?

(4) What diapers can be used for a child to the best advantage in regard to wetting the clothing? If two cotton ones are used at once is there any danger of the child's becoming bow-legged? Can you suggest any good way of protecting the clothing, especially for a child in its first short clothes?

(5) Do you think a merino undervest and muslin nightdress for summer wear injurious in such a climate as Philadelphia? Or would you prefer a woolen nightdress with no undervest?

(6) At what age should the daily bath for a child cease, and how often should a bath be given after that time? Is a night or morning bath better as the child grows older?

(7) Can you tell me of the best way of confining the covers in a crib so that a child may not kick them off at night and so take cold?

Philadelphia.

A NEW SUBSCRIBER.

(1) Six nursings per diem are enough, and the same number may be continued for some months, probably until weaning. Then the larger amount taken at once will enable you to diminish the number of meals. For the present a good schedule will be as follows, beginning at the waking hour, which we will suppose to be 7 A.M. Then the hours would be 7 and 10 A.M., 1, 4 and 7 P.M. Then a nursing at your bed-time, if you sit up late, or sometime between 12 and 2 in the night, if you retire early. After a while you may get rid of the night nursing altogether.

As to his outdoor times. If you have ground shaded by trees, let him be out of doors as much as you can in warm weather. If not, let him go out on very hot days when he can get such shade; in moderately cool weather he may be out a good deal more. There will probably be still many days when the child would better be indoors in a room shaded with awnings most of the day, with an outing early and late in the day. In winter a good deal of outdoor air-taking can be had by taking the sunny side of the way both forenoon and afternoon. If the traditional cleanliness of Philadelphia still exists, you need not fear the great annoyance of New York—street dust—which often more than undoes the good of the outing. Remember always that a street corner is a draughty place, and a baby carriage must not stand there.

(2) Not if he really has enough. The other plan is advocated, we believe, only for two reasons; first, that many or most mothers soon have an insufficient supply of milk, and that it may be better to begin to accustom the child to artificial food in advance; the other is to give the mother

leisure to do shopping, make visits, etc. To us it seems better in either case to wait until the emergency arrives before meeting it.

(3) According to the supply of breast milk and the health of mother and child. Many children are of necessity weaned when but a few months old. But the usual time of nursing a plentiful breast varies from ten to fourteen months. A January baby might then, according to circumstances, be weaned between November and March. The process should be gradual, food being given first once, then twice a day, and so on. If a child is weaned at this period, *i. e.*, somewhere near a year old, it will probably need no other food than good milk, somewhat diluted, as already recommended in this number's problems. The milk, if good, need only be heated. If there is any doubt about the condition of the milk, boil it or sterilize it when you get it.

(4) Whatever amount is necessary to absorb the liquid. They should be changed often. There is no danger of bow legs from this cause if the legs are not cramped by the skirts. Wide, short clothes give the requisite freedom to the limbs. If you mean protection of short clothes, we recommend the "Creeper" described in Vol. IV, page 161, or the creeping apron, Vol. IV, page 344. If protection from moisture is meant, we suggest nothing but diapers. By no means use any rubber contrivance.

(5) We have little choice. We suppose that, as numbers of layers increase heat, the merino and cotton would be more uncomfortable than thin flannel. But, if Baby sleeps quietly in the two garments, he might continue them.

(6) There is no age. It is perfectly proper to give or take it through life. After a child is old enough to be tidy about its evacuations, less washing is necessary; but we think that his sponge-bath should be continued until he can take it himself. The tub-bath is not a necessity—only a luxury. Morning is the most convenient and refreshing time, unless a bath is necessary to remove dirt gained in play.

(7) Sew on tying tapes to the covering next the child, or pin it down with strong safety pins. Very large ones are sold for fastening horse blankets, the smaller sizes of which will do for the crib blankets.

Early Teething; A Question of Digestion; Eczema.

To the Editor of BABYHOOD:

My girl-baby is nearly twelve months old, and has just cut her thirteenth tooth. She is fed either well-cooked hominy, or farina with pure cream, at

7.30 A.M.; at 10 o'clock she gets a bottle full of pure (sterilized) milk, after which she sleeps, until 2 P.M., or thereabout; then another half pint of milk, and at 5.30 P.M., three or four zwiebacks in milk. At 6.15 P.M., she is put to bed, and sleeps till about 10.30 P.M., when she gets a bottle of milk, and sleeps through the night. She has been kept thus regularly since she was eight months old. Before she cut her first tooth, her cheeks broke out in a rash, which I have since learned is an eczema. This has continued sore, and was always worse when she was about to cut one or more teeth. Her digestion is very good.

(1) Is she not very forward in getting her teeth?
(2) Is not her digestion very good for a child of twelve months?

(3) Is the eczema likely to trouble her after she has cut the twentieth tooth? The eczema is very troublesome, on account of the intense itching and burning. Is it necessary to have her treated for it?

Rochester, N. Y.

O. H. H.

(1) Her teething is more forward than the average. There are great variations in this respect.

(2) We do not know anything about her digestion, except that she has borne (how long, is not stated), before she is a year old, a dietary suitable for eighteen months, and no evidence of damage, except the eczema is mentioned.

(3) The eczema is generally an expression of some disarrangement of digestion, or other function, and as such is likely to appear again if any special source of irritation exists. Teething is one such cause only.

A Missing Incisor; A Varied Dietary.

To the Editor of BABYHOOD:

(1) Having gladly followed many of BABYHOOD's suggestions for babies in general, I have arrived at a point where a little particular advice would be gratefully accepted. Our baby has arrived at the age of nineteen months, and weighs 28 pounds with-

out his coat. He has fifteen teeth, which have presented themselves in a peculiar manner. First came the incisors, as is natural, all but one. Next came a stomach tooth on the lower jaw; this was followed by two molars, and after that two eye teeth and one stomach tooth came in one week. The other molars are just through. Is there any prospect of the missing incisor's coming?

(2) Before weaning, imperial granum was fed to the baby once a day for some months. Since weaning, he has had regularly four meals a day: 1st, of milk and crackers; 2d, of Robinson's Patent barley, cooked with milk, and given with more milk; 3d, of imperial granum, milk and bread; 4th, of bread and milk. Oatmeal he does not digest, or baked potato whipped up with salt and a little milk. I have tried chicken broth, and that disagreed with him, the small cupful I gave with bread being almost immediately vomited. What should I give my baby, if anything of that nature is advisable? It has been suggested that I feed the juice of slightly broiled beef. If that is good, how much? And how often during the week?

Colorado.

L. E. V. K.

(1) The delayed incisor may yet come, but occasionally one is missing or an additional one is present. But the second set may be perfect, even if the first is deficient.

(2) The child has an unusual variety of food already for one of his age, having four forms of cereal food daily, namely crackers, bread, barley, and granum. No reason being given for increasing this variety we would suggest that he has enough until he completes his second year, unless some illness shall call for special dietary which the physician will indicate. The beef juice, a tablespoonful or two every second day, can be substituted for a meal of milk if there be any reason, but as before said we should prefer to let well enough alone. He is stout, and his teething is sufficiently advanced.



CURRENT TOPICS.

The Choice of Books.

AN author whose name stands high on the roll of fame says: "A child brought up in a house where 'Chamber's Encyclopædia,' Pope's 'Homer,' the 'Vicar of Wakefield,' 'Don Quixote,' 'Pilgrim's Progress,' Shakespeare, Burns, and Scott were upon the shelves, has within his reach enough to make him a man of taste and a lover of good books all the days of his life." I sometimes think that our boys and girls make the

serious mistake of not helping their parents in the efforts they make to give them a good education. It is impossible not to acquire something from every book read. If good is not acquired, evil is. Taste is affected, language is affected, one's standards of life are largely what the literature we choose makes them. As I write, a glance at one of my bookcases shows almost one entire shelf filled by a series of books issued by one publishing house. The series contains several of

Walter Scott's novels, Lamb's "Tales from Shakespeare," Kingsley's "Greek Heroes," Irving's "Sketch-Book," Church's "Stories of the Old World," Æsop's "Fables," "Swiss Family Robinson," "Robinson Crusoe," Plutarch's "Lives," Kingsley's "Water-Babies," Grimm's "Fairy Tales." Not one of these books cost over fifty cents and many of them only thirty-five. The type and binding are good.

There are comparatively few boys and girls who could not buy, out of their pocket money, at least six of these books in a year. The boy or girl who is introduced to Shakespeare through Charles Lamb's "Tales from Shakespeare" has a key that will unlock a storehouse of literary treasures. The American children ought to be the best educated children in the world, so much is done for them in and out of the home; but the result would be far better if the boys and girls would voluntarily reach out and grasp the opportunities given; they too frequently wait to be shoved forward instead of stepping forward to take the advantages offered; and nowhere are the chances so great as, or the results more important on individual character then, in the choice of reading matter selected outside of school-books.

No boy or girl is a lump of clay to be molded into form by parents and teachers. Each one is an individual that is helping or hindering the efforts made to form a perfect, symmetrical man or woman; and the books we read that make the strongest impression are what we choose, not what we are forced to read.—*The Christian Union*.

Children in Recent Fiction.

How has it happened that Mr. Kipling, who tells us with such irresistible grace and charm and simplicity the "Story of Muhammad Din," should stray into mock heroics when handling the children of his own nation, the jolly well-bred little English lads, to whom all picturesque posing is an art unknown?

Perhaps the trouble lies in the curious but highly esteemed fallacy that the child of fiction is expected to be always precocious and sprightly, to emit sparks like a cat and electrify the sluggish atmosphere about him. He does this at the expense alike of his sincerity and of his manners; we cannot accept him as a fact, and don't approve of him as a theory. A few years ago a critic in the *Contemporary Review* protested very seriously against such writers as Florence Montgomery "by whom the bloom of unconscious-

ness has been wiped from childhood, and boys and girls have learned to see themselves, not like old-fashioned children, as good and naughty, but as picturesque beings, whose naughtiness has an attractive charm, and whose very imperfections of dialect are worth accurate record." Most of us are only too familiar with this kind of fiction which, for a time, enjoyed such great and hurtful popularity. The patronizing attitude of children to their parents is sufficiently illustrated by the really nice little boy in "Transformed," who calls his father "Puppy," a most objectionable thing for a nice little boy to do; while what might be termed the corrective attitude of children to their parents is still more sharply defined by that unpleasant child, Nina Middleton, who sees so clearly and suffers so intensely from the "careless superficiality" and rigid narrowness of the unfortunate couple whose painful privilege it is to have given her birth.

The very latest type, however, to seize and hold the hearts of the big, sentimental, child-loving public is Mrs. Burnett's Lord Fauntleroy, who may be best described as the good little boy with the clothes. It is quite impossible to separate him in our minds from his wardrobe, to divest him of his velvet suits and sashes, his "rich Vandyke lace collar," his leggings and neat little Oxford ties. He is always and in all places "a small copy of the fairy prince," picturesquely grouped with a dog, or a cat, or a pony, as circumstances direct. We cannot be coarse enough to imagine him with cropped hair and muddy boots, and a torn jacket, and a hole in his stocking, like so many, many real little boys who daily break their mother's hearts by their profound neglect of appearances. He is so ready in conversation, too, and pays such charming compliments to pretty young ladies instead of hustling into corners and staring owlishly, after the fashion of those awkward little boys I know. And he is so very, very good! Not consciously and morbidly virtuous like that baby prig "Little Saint Elizabeth," who comes from the same hands, but artlessly and inevitably correct. He gives all his money to pay poor Michael's rent, and we rejoice rightly in his generosity, with only one wistful recollection of that vastly different specimen of boyhood, for whose misdeeds Mr. Aldrich is responsible, and who spends his funds gloriously in indigestible treats to his friends. It is very charming in Lord Fauntleroy to offer his eager plea in behalf of the farmer Higgins, and probably just what any warm-hearted child would have

done in his place; but we cannot but contrast his wonderful unconsciousness afterward, "not realizing his own importance in the least," with the familiar figure of little Paul Dombey strutting up and down the room at Brighton, full of the new-blown dignity of being a financier, and lending young Gay the money for his uncle. It would take the sternest of moralists to object to Paul's infantile strut; it would take the most trusting of sentimentalists to believe that Cedric is quite as innocently unconscious as he seems.—*Agnes Repplier, in the Independent.*

A New Use for Children.

ONE of the most extraordinary advertisements that have appeared in any paper comes from Germany. It says: "Wanted, by a lady of quality, for adequate remuneration a few well-behaved and respectably-dressed children to amuse a cat in delicate health two or three hours a day." It is to be hoped puss was consulted before the insertion of the "ad," for as cats go they do not enjoy playing with strangers, and especially with children. The mistress of "a cat in delicate health," evinces a consideration for her charge's welfare that is certainly very uncommon, but it will undoubtedly place her among the great army of cranks. That is the fate assigned everybody who wastes human affection on four-footed creatures, however, and the best of it is, the victim always has the courage of her convictions. In this instance, "a lady of quality" is possibly a fool, but a kind fool, and a cat with the power to arouse such a tender interest in her vacant life has not lived in vain, and must be possessed of remarkable feline characteristics.—*The Boston Herald.*

Overpressure in Elementary Education.

THE respective claims of physical and mental training or education in school-life, and the consequences equally ascribable to the neglect or to the over-cultivation of either, are questions of no less social than medical interest. Until comparatively recently the term education was restricted to mental training, and even yet we have only imperfectly grasped the importance of sufficient attention to that development of the physical powers which should be regarded as an essential element in any well-devised scheme of national education. The evils connected with our modern educational methods present themselves under two distinct aspects.

On the one hand, the children of the poor are,

at an absurdly early age (in England, compulsorily by law and in Ireland by the National Board System of Education), subject to an extent of mental training entirely disproportioned to the capacity of very young children, the brain-work being, to some extent at least, produced at the expense of the physical powers, to the development of which, as well as, above all, to the cultivation of the moral faculties, the first eight or ten years of child-life should be mainly devoted.

Secondly. On the other hand, in a large proportion of cases, the offspring of those of better social position are educated on directly opposite principles, as far as the relative importance given to mental and bodily training is concerned, and with results no less injurious in public and other schools, where the physical powers are unduly cultivated, often to the detriment of the cerebral and moral faculties. The latter error, however, is one of the consequences of which it would be beyond the scope of this address to consider, and is, moreover, of lesser public importance, inasmuch as its effects are confined to what may here be regarded as a comparatively limited class, while the former affects the great mass of the rising population, and affords some explanation of the deterioration now observable in the physique, if not of the morals, of the growing generation, who certainly contrast unfavorably with the more robust, if mentally less-cultured, race of the pre-educational period.

In this connection I may again repeat—as long as fallacies prevail respecting matters of such vital moment as that under consideration, forgotten or ignored truths, however trite, must be reiterated—that during the first eight or ten years of existence the amount of mental cultivation which a child's brain is capable of receiving with permanent advantage is very much less than is commonly believed. No greater physiological mistake is possible than that of attempting any considerable degree of such culture until the sufficient development of the physical stamina and moral faculties is accomplished. The organ of the mind is as much a part of the body as the hand, and ere either can function properly, its vital force must be fostered, developed, and maintained by nutrition and by suitable exercise.

A large number of those who come within the provisions of the National System of Education are semi-starved children of the poorer class, who, when thus debilitated by privation, are necessarily as much incapacitated for any mental strain as for the accomplishment of any herculean feat

of physical strength, it being not less inhuman, injudicious and impolitic to expect the former than it would be the latter from those so circumstanced. If, therefore, the State, for reasons of public policy, desires that such children shall be subjected to school-work of any kind from their earliest years, it should certainly afford the means by which this may be least injuriously and most effectually carried out—by providing food and physical training, as well as mental education for every pauper child attending an elementary school. . . .

Under these circumstances, it is not to be wondered at that young children, on their return home, probably jaded in mind and body, to prepare for next day's task, should be too often thereby incapacitated for the enjoyment of that physical exercise which is essential for their bodily development and health, or for the still more important elementary training of the affections and moral faculties, and instillment of religious principles, which are better acquirable from home teachings than from any school system. We are all, of course, agreed as to the duty of properly educating the rising generation so as to fit them mentally and bodily for the increasing requirements and competition of modern life. But as to the extent to which the former should be carried and the latter neglected in early childhood there is, unfortunately, a great discrepancy between the rulers of the Education Department and the views of those who have to deal, in disease, with the consequences of the violation of the laws of nature. Among the results of overpressure, especially in elementary and infant schools, are the protean forms of brain-diseases, such as cerebritis and meningitis, as well as headache, sleeplessness, neuroses of every kind, and other evidences of cerebro-nervous disorders. On no other ground can the increasing prevalence of these affections in early youth be accounted for or explained than by ascribing them to the new factors, "brain-excitement" and "overpressure," which are now too commonly disastrously associated with the process of misdirected, premature education, and neglected physical training. Hence, as long as little children are thus frequently forced into disease, it is, I think, the duty of every physician who has seen so many cases of preventable suffering directly traceable to mental overpressure during childhood, and often eventuating in the most painful of deaths—namely, those from meningitis—as I have witnessed during my nearly twenty years' experience in the Children's Hospital and

elsewhere, to raise his voice against such an abuse of so-called education.—*Address before the Congress of National Teachers, Dublin, by Thomas More Madden, M. D., F.R., C.S.E., etc.*

European Babies.

THE German mother has the completest confidence in the safety of her baby when swaddled. But the confidence is sometimes betrayed by the wrap-page, as witnesseth the following story: A party of peasants set out for the christening of a new baby, the baby being swaddled and wrapped in the usual manner. The way was long to the church, and the weather was cold, indeed, snow lay on the ground. The anxiety of the christening over, the whole party—parents, sponsors, and friends—adjourned to the village inn to warm and cheer themselves with *schnaps*, or what the Londoner terms "a drop of something short." They then set off on their return home lightly and gaily, and their hearts being merry within them they essayed a snatch or two of song and a step or two of dance. Home at length was reached, and the interesting christened bundle was laid on the table. The whole party—parents, sponsors, and friends—stared agape and in silence; there was the pillow, the ribbons, and the bows all complete, but where was the baby? Some one ventured to raise the bundle; it was quite limp and empty! Baby was gone! Back the whole party hurried on its lonely track, and baby was found asleep in the snow, about midway between the church and the village. He was a sturdy child, and the story runs that he escaped with a violent sneeze or two, which, it is said, the anxious parents strove to allay by popping him into the oven. There can be no doubt that the German child that could survive the pillow, and the snow, and the oven, must have been sturdy indeed.

Like the German mother in her treatment of infants is the Austrian—the real Austrian, that is, who is of Teutonic origin; for the Austro-Hungarian monarchy includes so many nationalities, so many kindreds and peoples and tongues, that it would need a whole article to write of them all. And like also, with a curious difference, is the Swedish and Norwegian mother. The Swedish child, or *barn*—(compare the Yorkshire *barn*, and the Scottish *bairn*)—is swaddled in more complex fashion than the German. It is wound about with six inch-wide bandages, sometimes with the arms free and sometimes not,

sometimes the legs included in the whole bundle, but usually swathed separately. The bandages are traditionally supposed to make the limbs and figure grow straight. The bandaged *barn* is then wrapped in a pillow and tied about with ribbons and bows like the German child, except that frequently his arms are free and his legs are shortly and stoutly suggested by the tucking in of the pillow. After that he may be fastened flatwise to another pillow, and slung perpendicularly from a supple pole stuck in the wall, so that he looks like a very queer fish indeed, fit to be shown outside the shop of an angling-tackle maker. Like the German, the Swedish child always wears a cap, which is borderless and of special fineness for its first Sunday, when it is christened. Then, also, it wears beads upon its neck, and gorgeous garments with gay bows of ribbon, all which are provided by the godmother. In the remoter parts of both Sweden and Norway it is still the custom every Sunday to carry these swaddled infants to church, which is probably a long way off. They are not taken *into* church, however, but buried for warmth in the snow, in which a small hole is left for them to breathe through.

In less primitive parts of Sweden and Norway, however, and among the better-off, the pillow-bundle often gives place to a wooden cradle, shaped like a trough or a French *baquet*, which is usually suspended by a spiral spring from the roof. The elastic motion can scarcely be of the most delightful kind to Baby, we should think, for there is nothing to prevent the cradle from spinning or twisting round at its will, and so producing dizziness. In Russia, too, a similar cradle is used—contrived, however, more rudely as to both structure and motion. It is an oblong box or wicker basket, with a cord from each of its four corners converging to the hook or the rafter from which it is hung, and with a looped cord underneath, in which the mother puts her foot to swing her baby. In winter—which in Russia is long and severe—the cradles or, sometimes, the hammocks in which the youngest children sleep are slung round the great stove upon which the parents and other adult members of the family pass the night, wrapped in their sheep-skins.

France is the only other country in which the pillow is a necessary complement of the baby. But the attachment of the two is nowadays characteristically French. It is a compromise between the old and the new, between tradition and fashion, and consequently it is not universal. The French baby (especially on gala days) is laid

upon the pillow, and his fine frocks and gay ribbons, instead of enveloping his tender body, are spread upon him as he lies, so that he is no more than a kind of *bas-relief*. In France, however, it must be noted there came earlier than elsewhere in Europe (one of the results of the Revolution), the revolt against mere tradition and usage in the treatment of babies. Among well-to-do and aristocratic French folk in particular, a change in that regard has long been in progress. The French child used to have always its pillow or cradle; now it begins to lie upon a fresh, wholesome bed, neither of wood nor of feathers, but of hair or straw, or among country or sea-faring folk of sweet dried fern or pungent-smelling sea-weed; and Government bureaux circulate among the peasants such directions as these: "Lay the infant to sleep on its right side; avoid putting it to sleep in the lap before putting it in bed." The French baby used to wear a multiplicity of caps—a small close cap of fine linen, over which was a second of light flannel, and over that a third of some light and ornamental stuff; now the caps are being discarded, and Baby goes openly and baldly bareheaded. There is, however, one infantile institution to which well-to-do French folk cling obstinately, and that is the foster-mother or wet-nurse. The institution had its origin ages ago, and was popular with other than fine ladies who feared to spoil their shape with nursing. It was under the early Bourbon kings that the practice first became established of sending infants into the country, to some well-known dependant of the house, to be nursed and fed and brought up. That is why one reads so much in French literature of foster-brothers and foster-sisters, who were the peasant children brought up in the same lap, and at the same breast, as the young lords and ladies. The wet-nurse who lived in the family was—and is still—commonly a Burgundian, an ample, handsome, and good-natured type of woman, something like our own woman of Devonshire. The fine Burgundian nurse is still a feature of Parisian life, with her black eyes, her rich color, and her opulent form, her red cloak, her full-bordered cap, and her long, floating ribbons. It is evident that this large and productive type is very old, for there is a curious statute in ancient French law, called the "*droit de douze enfants*:" it obtained only in Burgundy, and it enacted that all parents of a dozen children should be exempt from the payment of any taxes whatever.—*The Strand Magazine*.

HIGH-CHAIR PHILOSOPHY.



I KNEW a lady who had a little daughter whom she was very particular to have say her prayers every day. One morning, when the child ran out in a great hurry to play, her mother called after her, "Mary, did you ask God to take care of you, like a good little girl?" "No mamma," she answered, "Mary tought she would tate tare of herself to-day."—*N. J. B., New York City.*

THE REASON WHY.

For BABYHOOD.

The day has passed in happy play
And twilight comes anon,
And fretfulness asserts her sway
When sunlit hours are gone;
And mother lays her work away
And holds out arms for one—

Her baby boy, who always found
Within that sheltering nest,
When childish troubles most abound,
A refuge and a rest.—
He does not come, although his eyes
His willingness confessed.

"Come, darling!" Mother's cooing tone
Woos softly but in vain,
"I've lost my baby," does she moan
In simulated pain.
"No, no, mamma, but I have grown
And won't be small again."

"But yesterday," his mamma said,
Upon my lap you sat,
We read of "Toddlekins" and "Fred"
And the "Boofer pussy cat;"
Of Baby Bunting's ways we read
And the mischief he was at.

The little head drooped very low
And rested on my knee;
And a little voice spoke soft and slow,
In a confidential key:
"But, yesterday, mamma, you know,
I wasn't in pants, you see."—*H. E. H.*

—In the family to which Georgie F., two and a half years old belongs, lives a black cat. One day, a colored man called at the house. Georgie regarded him with unconcealed interest, and seemed pondering upon the problem presented by his presence. At length, he announced his conclusion as follows: "Man? No; Cat."—*A. D. S. Bedford, N. H.*

—The first time my little Marie, aged 26 months, saw the girl dressing the fish for dinner, she came running to me, her eyes sparkling with excitement. Mamma! Mamma! she exclaimed, "Mary comb fishes hair wid de knife and it all come off!"—*C. H. B., Tecumseh, Mich.*

—My little five-year old girl was so unruly the other day that I finally tried to bring her back to the paths of wisdom by exclaiming: "If you behave like that no one will have anything to do with you." "Papa, dear," she replied complacently, "Satan prefers naughty children."—*R. M., New Jersey.*

—We recently had occasion to reprove our

little Tommy, not quite three years old, and told him as seriously as possible that we were ashamed to have so disobedient a little boy. The little fellow listened very patiently, and then asked with an earnestness which completely disarmed us: Don't you think you had better get a better boy?"—The same little boy astonished us the other evening before going to bed by giving us the following improvised version of his usual prayer:

"Jesus, tender shepherd, lead me,
Bless thy little lamb to-night.
And everywhere that Mary went
The lamb was sure to go. Amen."
—*J. S., New York.*

—Our four-year-old son and heir was recently informed that his aunt, a widow, had married again. A few days later, wishing to speak of the new uncle, but not knowing his name, he hesitated for a moment and then said: "You know, I mean Aunt Gertrude's step-husband."—*Y. L.*

—My oldest boy who has not yet reached the mature age of three, has, I think, a poetic way of expressing himself. Thus the other day on noticing the ripples on the lake in Central Park caused by the wind, he exclaimed: "Mamma, look, see how the water is laughing."—*X. Y., New York.*

—Children love to propound philosophical problems, and I must say I do not find it easy to give satisfactory answers to those which fall from the lips of my three-year old boy. One of the simplest, and yet a question which even a wiser mother could not have answered at a moment's notice, was this: "Mamma, why can't we see our own faces?"—*L.*

—Frederic, six years old, was telling Walter, three years younger, of a pleasant trip which he, the narrator, took with Mamma three years before. "Walter, you weren't born then," he said. Walter meditated a while upon his loss in not coming sooner upon the scene and then said, "B'er Fedwick, I was wishing then that God would make me!"—*G. W. G., New London, N. H.*

—Our little James, four-and-a-half years, old was pointing out a cow to a playmate. "See the bell around her neck," he said, "do you know what that is for? That's what she rings when she wants to tell the calf that dinner is ready."—*M. P.*

—A little girl of two and a half, on first seeing the sole of a kitten's foot, said, "Bennie's dot holes in he stotins." Later she saw some of his hair on the chair cushion and exclaimed, regretfully, "Bennie's losing he fedders."—*F. B. D.*

—The other day, a conversation took place between two little children, a girl of seven, and a boy of five. Girl, (wishing to show her superior knowledge) "Which do you like best, Queen Victoria, or Washington?" Boy, (simply) "I love mamma."—*N. J. B., New York City.*

—Eddie was very fond of raspberry jam. One evening when the parson dropped in to tea mamma opened her last jar, with emphatic instructions to Eddie not to ask for some more jam after getting his share. His papa, not knowing the circumstances offered to replenish his dish, when Eddie mortified his mother by saying, "Mamma said I mustn't ask for any more, 'cause that is all there is."—*F. B. D.*

Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

OCTOBER, 1891.

No. 83.

THE MANAGEMENT AND CARE OF NEAR-SIGHTED EYES.

BY J. M. MILLS, M.D.,

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THE large number of near-sighted children, the great increase and rapid development of near-sight, with the consequent serious impairment and even loss of sight, have attracted the serious attention not alone of physicians and instructors but also of the public in general, who begin to inquire for the causes and ask for measures of prevention and relief.

The prophylactic or preventive treatment of near-sight and its after management are of greater importance than in the case of any of the other refractive conditions (far-sight, astigmatism, etc.) of the eye, for near-sight possesses a much graver significance. It is not only a refractive condition, but also a pathological or diseased state. This can be readily understood when we recognize the fact that the eye-ball in near-sighted eyes is too large, and that when the near-sight increases it produces an expansion or stretching of the posterior portion of the globe, thereby affecting the membranes or tunics of the eye which undergo diseased or destructive changes. Now, as we cannot in all cases stop this extension, and positively cannot reduce the stretched portion to its original state, we must, therefore, with an intelligent understanding and punctilious practice do all in our power to prevent this increase and stretching, and consequent diseased condition, or limit and stop the process, and thus preserve the acuteness of sight. This can frequently be accomplished by strict enforcement

of certain hygienic measures, not only in the school-room but also at home.

We should not defer this treatment until adult life, until the children are older, as when complete development of the body has taken place, the ocular tissues, as well as other parts of the body, are not so susceptible to change and the benefits obtained by proper hygiene. We cannot begin too early. Even in infancy, as soon as the eyes begin to perform their function, certain precautions should be taken. One should not hold the playthings too near the children's eyes, and should not attract their attention to bright objects.

If the near-sight is of high or even moderate degree, and especially if it is progressive, as is more often the case if it is hereditary, and the patient does not receive a thorough examination and diligent care, the sight may be lost or materially weakened by one of the numerous morbid conditions, as atrophy of the retina or the choroid or the optic nerve, or by upheaval or detachment of the retina (the sensitive tunic).

In BABYHOOD No. 70 were given instructions how to diagnose or recognize near-sight, which is comparatively easy, so we shall not refer to that part of the subject again. There is more near-sight in the higher classes of society or the better educated, than in the lower classes, and more in the city than in the country, which indicates that the cause is the greater amount of near work and consequent eye-strain, and among the poor

the fine needle work by bad illumination. It seems also that there is a larger percentage of near-sight among blondes than brunettes, and naturally children of near-sighted parents are more likely to be near-sighted, and apparently girls are more liable than boys. The high degrees are less likely to remain stationary, and even in adult life may increase and cause disease in the membranes of the eye, though if there is not much near-sight at an advanced age it will remain at a standstill. The critical period at which near-sight is likely to progress, and often very rapidly, is from the age of eight to ten and fourteen to sixteen, at the time of rapid growth and development of the various nervous structures of the body, and when the eyes and brain are subjected to the severe strain of study.

From the foregoing considerations and many others we see that we cannot overrate the importance of avoiding the many causes of increase of near-sight, and should keep in mind the great amount of injury that may be done by carelessness or negligence.

A brief reference to the examination of the eyes and the prescribing of glasses will be in place before proceeding to the subject of ocular hygiene.

Glasses.

The prescribing of glasses for near-sighted eyes should be left to a skillful oculist, not to opticians, for it requires a thorough knowledge of the refractive conditions and the methods of examination; as one of the highest authorities has justly warned us, "an incorrect determination of the degree of near-sight may highly endanger the eyes." There exists a most pernicious prejudice among many people against the wearing of glasses, based on the fear that they will injure the eyes. Exactly the contrary, for correct glasses relieve the strain, support the muscles and thus save and protect the eyes. It is somewhat on the same principle that we protect an inflamed arm, which, if constantly moved or used, will not improve but get worse from the continual effort and strain. But with absolute rest and quiet and the support of a sling or splints it will get relief and be cured. So also with

the eyes. The persistent effort to see well and the ever-increasing strain in near-sight, causing headaches and nervous disturbances, are removed by the aid of correct glasses, which act as a rest and support to the tired, irritated muscles of the eye.

Many children, and particularly those who are near-sighted, have an inordinate appetite for reading, which they indulge from morning till night and by poor light, a practice which is not only harmful to the eye but also to the general health.

Near-sighted glasses should rather be too weak than too strong. In certain cases the glasses are only to be worn for the distance; in others, the same glasses for the distance and near by; while in high degrees weaker glasses should be worn for near work and special glasses, of a different strength, are to be prescribed for certain kinds of work, as practice at music, painting, etc., where the objects are farther away than the book in reading, or the paper in writing. When the glasses are too strong the effect is shown by fatigue or pain in and around the eyes. But of course the selection of the different glasses that may be necessary should be left to a competent oculist. It is remarkable how much comfort and relief are obtained by the right selection.

Ocular Hygiene.

The only proper treatment of near-sight is the ocular hygiene, though frequently the symptoms of irritation and inflammation accompanying near-sight require treatment. Absolute rest from the spasm or strain may be secured by the use of atropine and by dark glasses (London smoked glasses) to protect the eyes from the light. If there are little dots, sparks, motes or flashes ("muscæ volitantes"), or a feeling of pressure in the eye, with frontal headache, hot mustard foot-baths or leeches are beneficial, although these nervous disturbances pass off and need not usually cause any anxiety, unless they are the beginning of an inflammation. Then an oculist should be called in and complete cessation of work is necessary. The room should be darkened, the feet kept warm,

stimulating diet and all alcoholic drinks should be avoided, the bowels kept in good condition, and the mind remain as quiet as possible. A mild douche on the closed lids is in these cases agreeable.

As most of the near work, particularly that of the younger children, is done at school, it is of great importance that special hygienic measures should be adopted, but these hygienic considerations apply also to the home, where perhaps the surroundings are more unfavorable than at school and are more often disregarded.

Importance of Proper Light.

In the nursery and more especially in the school this subject should receive careful consideration. There should be a certain proportion of window space to the floor-surface (about one square meter of the former to five square meters of the latter). This can be obtained when the school stands in an open space, unobstructed by the surroundings. It is preferable to have the light from the left side—or, if the room is too large, light can be had from both sides, or better still from above, which, however, is seldom feasible. The windows should not have a southern exposure on account of the direct sunlight, nor should the walls and ceiling be too strongly reflecting, as a highly reflecting wall, upon which the direct rays of the sunlight fall, often produces weak eyes in children. If it can be arranged, the light should come from the east or south-east and fall to the left of the scholars, and, if there is not sufficient illumination, there ought to be windows at the back, but not to the right, as that causes annoying shadows from the hand, etc. On no account should there be light from the front, as gazing directly into the sunlight is very injurious.

The most agreeable color for window curtain or shade is gray, and the shades should be placed in the walls in the room and not in the window space. Blackboards should be dark and clear. It is a good plan to have in the schoolroom Snellen's Test Type, a card with letters of different sizes, which should be hung at a certain distance from the scholars

(about 15 to 20 feet), and when the smallest type cannot be distinctly read work should be stopped. An even better method is to test the eyes with small type, agate, or at least nonpareil, that should be easily read at a distance of from 14 to 16 inches.

By no means permit children to read at twilight; rather let down the shades and light the lamps. We are most of us guilty of this most harmful practice, reading at twilight, when the normal intensity of light is diminished at least by one-half, so that in order to see distinctly we must make extra exertions, thereby causing considerable strain and irritation of the retina. We should have the artificial light sufficiently bright. The minimum of brightness is a light intensity of 10 meter candles (1 meter candle power is a candle at 40 inches distance) and requires at least one flame for four children. Of course the best light is the natural light—sunlight—and artificial light is much inferior; the best artificial light is the electric, as its color corresponds more nearly to daylight, and on account of its intensity it can be placed some distance from the eyes. Moreover it does not emit the great heat of gaslight, which makes the air so unwholesome. But the disadvantage of electric light is that it is not constant, and flickers too much. In burning gaslight never use free gas burners, but use a shade or globe.

Seats and School Material.

There should be certain arrangements to prevent stooping or bending over, which produces curvature of the spine and deficient chest development and consequent impaired action of the heart and lungs. Nor should the pupil hold the head crooked, or lean on his elbows, or have uncomfortable seats, as when the child is tired it naturally leans forward; the seats should have a back and not be without arms. The constant stooping position and strong convergence in order to bring the objects nearer to the eye produce an afflux of blood to the brain and eye, thus causing increased intra-ocular pressure and tension in the fluids of the eye, which induce the development of diseased conditions.

We cannot do better than give Professor Esmarch's rules with regard to seats.

1. The bench should be raised above the floor (or the steps for the feet) the length of the child's leg measured from the popliteal space (inner side of the knee joint) to the sole of the foot.

2. It ought to be as broad as the thighs are long (the distance of the popliteal space to the back).

3. The front rounded edge of the bench ought to project 2 or 3 centimeters beyond the inner edge of the table.

4. The seat should be sufficiently high, so that the child can when writing conveniently rest the forearms on the table without raising the shoulder and without bending the neck or leaning forward. The lower part of the child's back should be properly supported, when the scholar is reading, by means of a short chair back.

These conditions vary with the growth of the child, and the above measurements should be repeated, and scholars assigned suitable seats at least as often as once in six months.

Two or three sizes of desks are usually sufficient. The hands and arms should have free movement and the feet should be as far forward as possible under the table or desk. The surface of the desk should be at a certain distance from the seat, about one-eighth of the pupil's stature $\div 4$ centimeters, is the average. In order to avoid stooping and looking directly down, which causes too much strain, the desk should have a certain elevation, *i. e.*, the books and particularly the writing material should be placed on an inclined plane. The inclination should be greater for reading than for writing. An inclination of 15 degrees for reading is sufficient for comfort. As it is often very difficult to keep the child's head erect, a number of appliances are used for this purpose, the simplest being a strap attached to the high back of the chair and then passed around the forehead. There is usually a greater tendency to bend over or sit sidewise when writing. These injunctions are not only to be strictly observed at school, but are equally important at home. A working-table, made according to the plan mentioned, should be the home substitute for the school desk.

Writing Material and the Print of Books.—It is time that slate and pencil were discarded, especially with small children. The reflection of the slate and the grittiness of the pencil make the writing indistinct, which necessitates bringing the work too near, and therefore induces eye strain. In the

first year pencil and white paper are the best to use; though more expensive they are less injurious.

A very important factor in the eye disturbances is the poor print. Typography deserves special attention—the size of the letters, their distance apart and the interval between the lines. To prevent annoying movements of the eyes, the length of the lines must not be too great; about 90 or 100 mm. is long enough. Latin letters are preferable to Gothic or any others on account of their simplicity.

Methods of Instruction.

Improper methods of study and unwisely directed plans of instruction have not only been productive of great evil to the eyes, but even the intellect has suffered severely. Children should not be forced into continual work, but should have intervals of rest, in which to sit erect and look in the distance and thus relieve the mental and physical strain of study and the cramped position necessary to near work. Therefore the recess is a valuable adjunct in the plan of study. It would be very beneficial to the pupils, especially of the lower classes, if they had their afternoons free, in order to be in the open air and get the proper amount of out-door exercise. The amount of study to be done at home should also be lessened, and on no account should writing at home be required. Some authorities consider even the memorizing of certain studies, such as geography or history, injurious. An excessive amount of copying and preparing for examination has a baneful influence in the case of near-sighted children, not only on account of the strain of the near work, but because of the excitement and the nervous condition, which produce an increased flow of blood to the brain and eyes. Too much stress is placed upon the beauty and correctness of the handwriting and not enough on the erect posture of the child. In the first years of school life the children should not be incited to rapid progress and quick learning.

This is the time when the near-sight manifests itself and is liable to increase. In schools for girls the hand-work, and especially white needle-work and other fine work, are most de-

cidedly harmful. Near-sighted children should avoid excessive exercise or any great exertion that will increase the heart's action, and should also not indulge in too much eating. Alcoholic stimulants should only be permitted by advice of a physician.

A few remarks about the school building may, in this connection, not be inappropriate. In the first place, cleanliness possesses a great significance. Though it may require a great deal of trouble and care and some expense to keep the school building neat and clean, this task should not be shirked or neglected, as the health of the pupils and teachers is at stake. The dust-laden, infected atmosphere not only causes inflammatory and infectious diseases of the eye, but is also harmful to the general health. All tapestry is out of place in the school room. The walls, if possible, should be covered with oil color or light brown wooden panels. The floors should be of oak boards and well oiled or, if fir-wood (deal) is used, it should be covered with an opaque color and lac to prevent the entrance of filth. The general health should receive conscientious attention, as near-sighted children are often weak and poorly developed. If their near-sight is of high degree or causes them any trouble, it is better not to send them to school until they are older and stronger, or if the near-sight becomes progressive while at school, they should stop school and take a rest of several weeks. Sufficient rest and sleep are necessary at all times.

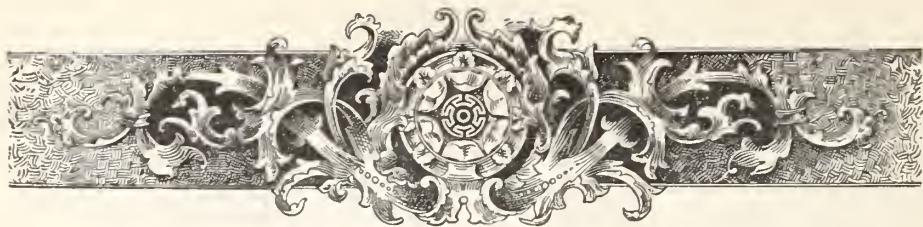
The question of occupation, later on, is a matter of vital importance, as very near-sighted children should not be apprenticed to any occupation requiring near work, such as the jeweler's trade, or that of making instruments of precision, or embroidering, or engraving, etc. All other considerations, as the ambition of parents or even the inclination of the child, should be secondary to the care and protection of the eyes and general health. It would be of great advantage if the teacher

in the public schools possessed the requisite knowledge of hygiene, an intelligent and practical understanding of these requirements, and did not neglect to enforce them. Lectures to the teachers and pupils would be of considerable benefit, and a school physician should diligently and thoroughly observe the hygienic conditions, and examine the pupils at regular intervals; this can be systematically done so as to obtain correct statistics, which would be of great importance, and assist materially in insuring all possible improvement in the ocular and general condition of the scholars.

It would be well if the advice of one of the most intelligent investigators of near-sight were followed, and a certain rule of inquiry established, so that the hygienic measures would be ever kept in mind and observed. The inquiry is as follows:

1. What position do the windows occupy, *i. e.*, what exposure have they as regards the heavens?
2. Is the entrance of light obstructed by neighboring buildings, trees, etc.?
3. How are the windows situated, do they lie to the left, right, front or back of the pupil?
4. What is the relation of the entire glass surface of the windows to the floor surface of the class rooms (in square meters)?
5. How great is the distance from the seats farthest from the windows to the windows?
6. What is the height of the lower border of the window (glass surface) from the floor.
7. Ascertain (a) if the ordinary writing on the blackboard can be recognized from the worst situated part of the room, granting that there is normal sight; (b) the acuteness of sight for small print read from a book placed on a desk in the worst illuminated part of the room. This is to be ascertained by the physician.
8. If artificial light is used, to what extent or in what compass, and how is it obtained?
9. Are there seats of different sizes for the different-sized pupils in the class?





THE AIRING AND EXERCISE OF INFANTS.

BY ALFRED STENGEL, M.D., PHILADELPHIA.

THERE are very few, if any, more important matters in the management and care of young children than their proper airing and exercise; and there is certainly none in regard to which more vague and more erroneous ideas are entertained. Physicians often find it a matter of surprise to see how much at fault many mothers are on these points, and feel the necessity of using the greatest explicitness in giving directions. A little attention and a little thought are sufficient to set the whole subject on a proper basis, and the importance of this cannot be gainsaid. As in the summer dietetic indiscretions lie at the root of most diseases of children, so in the colder parts of the year it is to incautious exposure that much infantile illness is attributable.

First of all it must ever be remembered that the new-born babe is an incomplete being, not fitted or intended for exposure to the open air; that, ere this can be done with safety, important physical changes and increased power of tolerance must take place, and that such changes can come about only after the lapse of considerable length of time. The child has hitherto been accustomed to a surrounding temperature higher by far than that of the outer air; it has been under conditions in which the radiation of heat is very slight, if there be any at all; and at the same time its skin has been rendered by the surrounding fluid soft and tender, and in consequence little fitted for withstanding cold or drafts or in fact for subserving any of those purposes of protection which eventually, in the developed being, fall to its share of physiological work. What is true of the skin is also, to greater or less extent, true of the other organs of the infant. The work of each has

been lightened more or less by the activity of maternal structures, and the assumption of their proper work cannot be at once imposed to the full extent without the danger of serious derangement.

There is in the child or adult an inter-dependence of action in the various organs, as a result of which one compensates for temporary inadequacy of another. If, for instance, the kidneys do not properly excrete, the skin becomes more active, the perspiration profuse; and thereby a removal of injurious substances, which require to be excreted, is brought about and the individual saved from harm. So, also, if the individual is exposed to cold, the blood vessels of the skin are contracted, the perspiration checked, the blood driven into the interior of the body, and, to compensate, the increased action of the heart maintains proper circulation, that of the kidneys, proper excretion. The principle of compensation so universal in nature nowhere finds more perfect illustration than in such cases as those cited from organic life; but there is a point beyond which compensation cannot go. If the adult individual is exposed to great changes of external temperature, the heart and kidneys no longer suffice to counterbalance the evil effects; imperfect circulation, internal congestions, inadequate action of the kidneys and other organs, disease or death result; while with the child, in consequence of the greater susceptibility of the skin, and the less completely elaborated compensation power of the other organs, this extreme point of tolerance will readily be seen to be much lower. Little by little, as the child grows older and matures, it becomes more able to bear exposure; in the adult the highest point of resistive power is attained; and with in-

creasing age a second childhood of increased susceptibility is reached, similar in many respects to that of infancy,

Theoretically then we should expect from undue exposure of children internal congestions, diseases of the lungs and of the intestines; and practical observations and statistics fully bear out the deductions of theory. It has been found in London, and it might just as well be found in other large cities, that a marked fall of temperature has following in its wake an increase of such diseases and an increase of infant mortality.

At what age, then, may a child be considered to have sufficiently developed and hardened to bear with impunity exposure to outdoor air? According to Professor Starr, whose authority in these matters is very high, a child born in spring or early summer should be taken out no sooner than the third month; one born in fall or winter not until the fifth. It is customary in this climate to set an earlier period, and very often no harm comes of it, but in the long run it will be best and safest to wait as long at least as Starr advises. No more erroneous idea could be entertained than that early exposure hardens the child and makes it the less likely to succumb to accidental diseases. On the contrary, indiscreet exposure, if it be not in itself the immediate cause of disease, breaks down the little power of resistance the child possesses, and renders it all the more apt to fall a victim to any disease it may contract.

This point determined, it is of importance next to consider the time and manner of taking the child out. The frequency and length of the exposure must be gradually increased from an outing of once a day for fifteen minutes or half an hour in the most favorable weather at first, to twice or three times a day, and at last, when the child is nine or ten months old, to an almost constant residence in the open air. Neither must the value of sunlight be forgotten—not the broiling sun of the tropics or the mid-day with us, but the genial, invigorating morning and evening sun of Northern countries. The great value of this as a health-giving agent has long been recognized in therapeutics; and with children

and in their care it must not be forgotten. The child should be taken to where it may, if possible, be directly in the sunlight, but its eyes should be well protected from the glare by a parasol. It may be taken out for a time in the morning and a shorter time late in the afternoon, but care must always be taken that the clothing is such that exposure and chilling does not take place. In inclement weather and in winter when the temperature is quite low, the house is a much better place for young children than outside, and they must not be taken out at all.

The child is taken out either in the nurse's arms or in a baby carriage. Of these the former is incomparably the better. The warmth of the body of the nurse, the gentle swaying motion in walking, the entire freedom from joltings and the greater care which is bestowed on the child in consequence of its being in the arms, make this a far safer way to carry the child than any carriage devised. However, it will not always be found possible to dispense with the carriage. Then one with good springs and well-shaded bed should be selected, and in its use all violent jarring must be avoided.

As to the matter of exercise for the first few weeks little is to be said, excepting words of caution. The child needs very little exercise at first, and for some days after birth should be left wholly undisturbed and in a somewhat darkened room. It may be taken up a few times a day for a short time, but otherwise ought not to be disturbed. The common custom of lifting, turning, moving and exhibiting the baby on every occasion is to be condemned. Rest and quiet are the needs of baby as well as mother. After the first week the child may be taken up oftener and for longer times. It receives in the motion imparted in carrying it the gentle, swaying motion best suited to its needs, and enough for its needs; but when, as so often is the case, it is pitched in air in the hands or danced upon the knees, the matter of exercise has been carried much too far, and, through the rough jolting, may be the cause of much trouble to the child. Unfortunately, this violent and harmful shaking-up is sup-

posed to be specially soothing to the child. No greater error could be made; for, whatever amount of exercise and whatever kind is given the child, the one requisite of extreme gentleness must always be observed.

Besides this exercise given the child, every healthy baby will exercise itself as it lies in the crib, drawing up and extending the arms and legs and moving as much as possible. Soon after the time that it is first taken out into the air it may also be allowed to move about on a bed or rug on the floor. Placed on a smoothly covered bed or on the floor in a warm room, it will become more and more active as it grows older, until it creeps about quite readily. From creeping to walking is a regular progression, and after the child passes a year in age it will voluntarily

make efforts toward walking. It is useless and harmful to attempt any hurrying of this. When the child is ready for it it will begin to make attempts.

Earlier, however, it may be accustomed to the upright position, by being occasionally allowed to sit up, always, however, taking care that the head and back are well supported. This support to the head and back must be continued even after the child is able to creep about on the floor quite readily, and in placing the child in a baby-carriage the same point must be remembered in arranging the bed.

After the child has learned to walk, the question of exercise needs little attention, except that it must be restricted if the child seems inclined to overdo the matter.



THE BONES IN CHILDHOOD.

BY HARRIET BROOKE SMITH, M.D., PHILADELPHIA.

THE parable says that the foundation of the house should be laid upon rock; and so the framework, that which supports the superstructure, and is second in importance only to the foundation, should also have strength if the structure is to withstand coming storms.

The constitution of the child, that intangible inheritance from preceding generations, should represent the rock, and the bones the framework, while the surrounding tissues complete the physical form. Whatever there may be of simile in the foregoing,

there remains the one literal fact that the bones are the framework, giving to the body strength and shape, and protection for such delicate organs as the brain, heart and lungs, and by its system of levers and ball and socket joints, with the attached muscles and nerves, its possibilities of motion.

There are in the human body two hundred and eight bones, varying in size from the minute ones in the middle ear, to the femur or thigh bone. Their property of hardness they derive from the lime salts deposited in them and the deposition of these salts, or

what is properly called ossification, begins in intra-uterine life as early as the eighth week, so that when the babe is born the bones are really not all "gristle," as is popularly supposed, though the process of ossification is not as yet completed in all parts. For instance in the long bones, such as those of leg or arm, there are at first three small spots where the lime salts begin their work of bone formation; and these starting points are called centers of ossification, one in either extremity and one somewhere near the middle of the length or shaft of the bone. Flat bones, those which go to make up the skull and shoulder blades, also have different centers of ossification, from which the process extends in all directions until these centers meet and coalesce into the formation of the completely ossified bone. This process, begun in foetal life, continues not only until the young bones are entirely converted by the lime salts into firm, hard bone, but throughout life, until in old age the mineral part so predominates over the other elements that the bones become very brittle, and a break is very rarely attended by complete recovery. It is not until the end of the twelfth year that all the cartilage entering into the formation of bone has been converted into true bone tissue.

In children suffering from rickets nutrition is impaired, and the child fails to assimilate from its food the proper proportion of the necessary salts; the bones then remain soft, and are easily bent, giving rise to "bow-legs" or to "knock-knee," much more frequently the former. Sometimes the lower leg is curved forward; especially is this seen in negro babies, largely because of the unhygienic condition of their surroundings and the usual relatively poor character of their food supply. Being a disease of the development of bone, apparently depending upon the lack of the proper amount of bone-forming matter in the food, the question of feeding becomes in this case of pre-eminent importance. Animal food should largely enter into the diet of the child, and the starchy substances given sparingly, except in so far as required for the purpose of giving bulk to the intestinal

contents and thus offsetting any tendency to constipation. A mother whose child is otherwise quite healthy, but is heavy and learns to walk early, need not necessarily fear rickets, even if a moderate degree of bone curvature should occur; the trouble will probably correct itself as the bones harden. She should, however, endeavor to keep him off his feet as much as possible and in the open air, meantime carefully watching his nutrition. So with late teething, another common symptom of rickets; when it occurs in otherwise healthy children, it has not the grave significance which is to be attached to the combination of such manifestations, being perhaps only a warning signal, a sign for the improvement or the quality or quantity of food. Little need, however, be said here in relation to the rickety condition, since it has already received consideration in these pages.

Scrofula, a condition now regarded by many as identical with that severe disease, tuberculosis, is frequently met in connection with serious disease of the bones and joints. To a degree at least, like rickets, it is dependent upon malnutrition, but the most recent observations upon its nature prove the presence in the diseased structures of the specific germ of tuberculosis. It is apparently in many cases an inherited condition from tubercular parents, but there are many who look upon the condition not as an inherited tuberculosis, but as a simple predisposition to the later acquirement of that disease. Be this as it may, mothers who realize that they or their husbands have bequeathed to their children such an inheritance (and it is an heirloom of some of the best families in the land), cannot be too vigilant in their care. There are those who would say that such little ones should be allowed to die out and the survival of the fittest have full sway, that the puny ones are better dead. In answer it may be stated that some of the gentlest, sweetest and most lovable of all children have been marked by this taint. Many grow to manhood or womanhood, with little or no outward manifestation of the disease, in vigor and happiness, scattering sunshine in the paths of those about them. They may attain

to a green old age, crowned with the honor of a life well spent, just as truly as though they had not this fault of constitution. It is a fact, well known by all students of the subject, that scrofulous children are often bright, and in school stand high in their classes, frequently at the head. Some of the most brilliant men of the country are scrofulous, and the families that are entirely free from it are by no means frequent.

Scrofula often selects the bones as a point of attack, as their vitality in such children is apt to be low, either the joints or the bones proper being affected. For instance, a child in running may fall and receive a sharp blow in the neighborhood of the hip-joint; for a few hours or even days it may be slightly tender, but then is forgotten, only to be recalled when later a case of hip-joint disease manifests itself. A dozen such blows might have been sustained by a child free from the scrofulous tendency, without serious results. In this case, however, a few weeks or months elapse and pains in the limb are complained of, perhaps not referred to the hip-joint at all, and which are often thought to be "growing pains;" finally they become intense and medical aid is summoned. The condition recognized and proper treatment instituted, recovery with little or no deformity may be hoped for. On the other hand if the gravity of the case be not appreciated, such a condition as the following is likely to occur: The bruised bone, because of some defect of nutrition, is unable to react from the injury and undergoes inflammatory changes; soon the life of the part is threatened, the circulation is maintained with difficulty, and death ensues. What then is to become of this dead tissue? Surrounded as it is by living structures, it has become as a foreign body and has no longer a function to perform, and therefore no right to remain.

Nature has her method of removal, and, unaided by the surgeon, left entirely to her own devices, her course is a painful and prolonged one. A line marking off the dead from the living tissue is formed, and the mere presence of this now foreign matter causes irritation to the surrounding

parts, just as would a splinter which finds its way under the skin and into the flesh. There is a festering about the splinter, and the pus or matter thus formed pushes its way to the surface and breaks through the skin, and escaping, carries with it the offending splinter. A piece of dead bone institutes much the same process; sufficient pus is formed about the dead portion of the bone to burrow a way for itself and the bone along the line of least resistance toward the surface. When this matter is present in considerable quantity the abscess is often spoken of as "cold abscess" or "white swelling"—"cold" because it is slow of formation and not so hot to the touch as the ordinary acute abscess, and "white" because the surface of the skin over it does not redden as much as in acute inflammatory cases. White swelling is generally understood to be located in the neighborhood of the knee, but the process is essentially the same in whatever location. Meanwhile the child is suffering, the hip becomes stiff, and the limb is kept flexed in order to take the pressure off the injured joint. Should, on account of the want of proper medical care, the entire treatment be left to nature, eventually an opening is formed and large quantities of shreddy, unhealthy looking pus escapes and with it a piece of dead bone; and from time to time the process repeats itself before all the dead bone is removed. Eventually the joint is permanently and firmly locked and the limb shortened; the surface marked by horrible scars. The child is a cripple for life and requires the use of crutches or some other mechanical appliances for motion. Even this is technically a relatively favorable outcome, death often stepping in to end the patient's suffering.

Such sad results are in striking contrast to the recovery which may with skilled care be confidently expected. If the process is recognized early enough, appliances for the purpose of putting the injured joint perfectly at rest are generally sufficient to induce an early and permanent cure without much or any deformity; and even after considerable injury to the structures a relatively good joint may be secured.



AN EMBRYO RAILROAD PRESIDENT.

BY F. D. P.

THE following account of what may fairly be styled the very remarkable mathematical or rather numerical attainments of a little fellow of three years, who has come under the observation of the writer, will perhaps prove of interest to the readers of *BABYHOOD*.

He was born on the memorable "Blizzard Day," March 12, 1888, in a suburban town some 20 miles distant from New York, in a house whose rear almost directly adjoined the railroad track. He gave no sign of extraordinary precocity—learning to speak, in fact, late rather than early—until the beginning of this year, when he had attained the age of two years and ten months. At about that time his two elder brothers, aged eight and six years, respectively, began to take notice of the names and numbers of the locomotives that passed their door. It must be said here that every engine was provided with a number painted on the side of the sand-box, in addition to which the same number or the name of a person or place was to be found on the cab. The two boys soon commenced making an "engine collection;" that is to say, they wrote down in a book as many names and numbers of locomotives as they could secure. Their interest in this became so absorbing that the sound of the whistle or bell of an approaching train was a signal for a general stampede to the windows, and a large part of each day was taken up in calling out the numbers and names of the engines.

Baby had all along watched and imitated his brothers' proceedings; when they rushed to the windows, he went too; when they talked about trains he listened; and now he also could be heard calling out: "90—Charles

E. Carryl, 13—Newark, 118 is 118." In a very short time he became so proficient in this that when the number of any one of more than seventy-five locomotives was mentioned to him, he would without the slightest hesitation either give its name or state that it had none. Not only this, but if given a number borne by no engine, he would at once declare: "61—nucking" (nothing) or "43—nucking," as the case might be, thus showing conclusively that the names and numbers of over seventy-five locomotives were constantly present to his mind.

He had, however, not yet reached the limit of his powers. One of his brothers hit upon the idea of taking a box of "Loto," drawing out the numbers at random, and when one corresponding to that of any engine appeared, calling out the name of that engine. This pastime proved so attractive to the two older boys that they devoted several hours each day to it. Baby, as usual, paid the closest attention to all they did, and soon began taking the "Loto" box and drawing out numbers on his own account. It was, however, merely considered very 'cute that he should attempt to imitate the actions of his brothers in this also. Nobody, of course, had the faintest idea that he was really able to read any of the numbers, until one day some one noticed that on several occasions those called out by him actually corresponded to those held in his hand. He was then more closely watched, and it was found that he was able to read some few of the numbers. He learned more and more, always by himself, with great rapidity, becoming perfectly familiar with sixty or seventy. He thus without any difficulty and in a very short time learned to play Loto,

being able to recognize all the Loto numbers, *i. e.*, all the numbers from 1 to 90, and a few others, which he saw on engines, besides. So proficient did he become in reading numbers that he found no difficulty in deciphering those on distant or even rapidly moving locomotives. It must not be forgotten that he was at that time but very little more than three years old.

He also sometimes attempted to write numbers himself, and, although he often failed or made mistakes, on occasions showed a high degree of ingenuity. For example, one day he made a 1 and called out "1—Orange"; another 1 was added and "11—Montrose," could be heard resounding through the house. But still unsatisfied, he

put down a naught to make "110—John Cook."

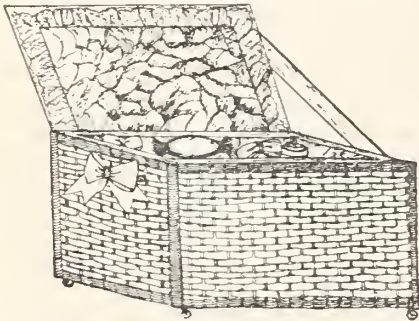
It will, perhaps, be proper before closing to say a few words about the personal characteristics of the little fellow whose achievements we have chronicled. It must be said, first of all, that he has never received any instruction of any kind, his parents being opposed to the early teaching of children. He is fully as strong and sturdy as most boys of his age, and it may be truthfully said that he has never been really sick in his life. While ordinarily quite independent and self-reliant, he is rather shy and uncommunicative when with strangers. He shows himself to be an intelligent child, but would not be regarded as especially remarkable, were it not for the talent for numbers that he has displayed.



NURSERY HELPS AND NOVELTIES.

A Wicker Basket Trunk as a Baby Basket.

FOR my first baby I used an ordinary square basket and the usual top bureau drawer, but for a second newcomer I purchased a basket and trunk combined, such as are found in all the large stores and known as infants' hampers. They are



fitted with a tray to hold small articles or take the place of a regular basket, and the lower part is intended to hold the baby's wardrobe.

My basket cost \$5.50, but I believe they may

be had now for less. I also bought $3\frac{1}{2}$ yards of pale blue surah silk, 4 yards pale blue ribbon $2\frac{1}{2}$ inches wide, 4 yards pale blue ribbon 1 inch wide for bows, and 8 yards Platt Valenciennes lace three inches wide.

I made a pad of wadding, thickly sprinkled with sachet powder, the size of the bottom of the basket, and covered it smoothly with silk, gluing the pad to the bottom of the basket. I also made a pad for the lid, puffing the silk softly and gathering lace around three sides. This pad I also glued fast to the basket.

Part of the wide ribbon should be tacked on and drawn through the openings in the lid and fastened in pretty bows on the outside. The rest of the wide ribbon is for bows on handles and for straps to keep the lid from falling back. The tray I covered with wadding and silk, puffing it a little. The lace I gathered around the top so as to fall inside. I covered an odd-shaped box with wadding and silk and set it in one corner to hold Baby's brush, ribbon, ties, spare pins, etc. On one side I made a bolster-shaped cushion,

filled with three sizes of safety pins (Stewart's patent nickel-plated, 1, 3 and 5), and put into the tray the things required to be used for the first time, such as band, shirt, pinning blanket, plain slip, puff and box, filled with powder, a roll of old linen, washed soft, a bottle of best olive oil, a small sponge, a pair of sharp, blunt-edged scissors, a piece of castile soap and a square of flannel, hemmed and feather-stitched, to be used for a shawl.

The trunk easily held all of Baby's other belongings, of which I had as follows: Six dresses, all plainly made, but of fine nainsook; four skirts, of Victoria lawn; six nightdresses, of Lonsdale cambric; three flannel skirts; three barrow coats, or pinning blankets; four flannel bands; six linen shirts; five dozen diapers, two sizes; two wrappers, made of pretty outing flannel, which I found very useful. I would not advise any one to provide too many booties, sacques, etc., as they are apt to be presented by aunts, grandmas and other friends.

I have found my hamper useful in that, being mounted on castors, it may be drawn alongside the low rocking-chair and found the right height. I have seen the baskets enameled and gilded, but I think while they are new and white they are pretty enough. After they are soiled one might decorate them for another newcomer.

Brooklyn, N. Y.

I. F.

A Successful Method of Sterilization.

SOMETHING about the helps I have found to aid me in the care of my fifteen months' old baby may be interesting to the readers of BABYHOOD. She was taken very suddenly ill a few weeks ago with catarrhal diarrhœa, and in one night was so prostrated that she would not notice any one. Our physician was summoned at once, and he said there were two changes I must make in caring for her. One, that the milk must not be kept in an open pitcher in my ice-chest absorbing germs from more or less withered fruit and vegetables, and that I must be more careful in protecting her from being chilled in the night. I had always kept stockings on her at night because she would never have anything over her and it was too warm for her heavy woolen nightgowns. So I bought 2½ yards of outing flannel and with that amount of cloth in each made long nightgowns with a tape in the bottom which I draw up, and while Baby has perfect use of her legs while sleeping, she is always covered, and has never taken cold since.

Not wishing to go to the expense of buying a separate milk cooler I hit upon the following plan: I read carefully the article on Sterilization of Milk in BABYHOOD, and used a two-quart fruit can instead of the glass bottles mentioned. After putting a kettle of water on to boil, I place my tin potato steamer over it in which I lay the empty fruit can, and by its side the two parts of the cover, being careful to have the can warm, or it will break. I let it steam hard for five minutes, then take it out and put the cover on. I then put the milk in the largest vessel I have that will stand in the steamer (the fruit can will not) and it steams hard for fifteen minutes, during which time I grate my flour-ball, which has previously boiled all day, and stir it into about a cup of boiling water which prevents it from lumping and also dilutes the milk. At the end of the fifteen minutes I stir this slowly into the hot milk, add a large pinch of salt and with the end of a funnel pour all into my already sterilized can. I fasten the cover on, and Baby's milk can then be put into any ice chest without fear of contamination. My baby appeared better at once and is now perfectly well. H.

Corning, N. Y.

Nursery Ventilation.

THE proper ventilation of the nursery, or whatever room is most occupied by little children, is confessedly a most important matter, and often it is a serious problem as well. The open fire-place or grate is probably the best solution, but unfortunately this is often precluded by the construction of our houses. Other expedients, more or less ingenious, have been adopted, with more or less success, and doubtless each method has its warm advocates; still the fire-place holds its rank as best of all.

This being the case, I have often wondered at the lack of attention paid to the cylindrical, surface-burning coal stoves, one of which has proved, in my experience, such an excellent substitute for the open fire. They are extremely simple in construction and operation, take up little space in a room, and give a maximum of heat from a minimum of fuel. Ours is only forty inches in height and cost \$4.25, but it easily heats a good-sized room, and keeps fire perfectly over night. The ventilation is secured through the upper door, which is kept open always at night and much of the daytime, unless a great deal of heat is desired.

The draft through this door is almost equal to that of a fire-place. The current of air thus con-

stantly passing up the chimney is often strong enough to deflect a flame or smoke held more than a foot from the open stove door.

Another point in favor of this stove for nursery use is the rapidity with which a hot fire can be secured when desired. The twenty or thirty minutes required for dressing in the morning are sufficient, unless the night has been unusually cold, to make the room warm enough for the baby's bath, and yet the heat can be perfectly and quickly controlled. On the cool mornings of spring or autumn a fire of wood, or better still, of dry corn-cobs, answers the same purpose and burns as well as coal. This quality of rapid heating will be seen to be a valuable one in case of sudden sickness or other emergency at night.

A minor advantage is the opportunity afforded by these stoves of looking at the fire without even the intervention of mica—a treat which is always enjoyed by the babies. These surface burners may be obtained in various styles, all of which possess the same general features. If one has been accustomed entirely to base-burners she may at first find some difficulty in managing the fire; but with a little instruction, experiment and common sense the management becomes very simple. If anyone should be induced to try one of these stoves for the nursery—and the experiment would be neither difficult nor costly—she will have no more trouble with “stuffiness” or bad air, and the other advantages of the little stove will, I think, endear it to her beyond its appearance or its commercial value.

BERTRICE SHATTUCK FULTON.

Norwich, N. Y.

The Nursery Chair.

I.

BABY was only three weeks old when I tried using the chair and found my method very successful. As often as I thought necessary I would put her on, and if she needed to, would use it immediately. If not, I took her off and waited quite a while, then would try it again, almost always successfully. I never left her there more than two or three minutes and in that way she became accustomed to using it immediately, if at all, instead of waiting and possibly injuring herself. If anyone is willing to devote a little time each day to giving a child needed attention, she will be surprised to find how soon the child will acquire the habit. The amount of laundering it saves will alone more than compensate for the trouble. One-half

the number of napkins only will be required, to say nothing of whole changes of clothing in case of “accidents,” which will be a very rare occurrence with a child taught to use the chair.

New York.

H. L. J.

II.

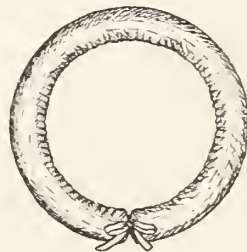
MY experience with three babies is to the effect that the ordinary small chamber-vessel is too large for convenience for a baby under four months old; it is difficult to keep the feet out of it, and in trying to do so the feet and the legs are often, almost necessarily, exposed. After using it a few times with my third baby, I discarded it for the bottom of an old soap dish, about the shape of a bird's bath tub, and holding less than a pint. This being sufficiently large answered my purpose, as it could be easily held in place while the clothes were pulled down to protect the feet. My babies were small, but there are many such no doubt, and perhaps the mother of such a one may be glad of the suggestion.

Steubenville, O.

L. B. W.

A Nursery Ring-Cushion.

MANY mothers, especially those who are compelled to perform the duties of both nurse and housekeeper, find the age at which the infant first becomes ambitious to sit alone a very trying one. No matter how carefully the pillows are arranged about the child upon the floor (and upon the floor is often the safest and best place for the child, provided there are no cold draughts), they are liable to become misplaced, so that a fall to one side or the other often results in bumped



head or nose. The accompanying illustration shows a very simple contrivance by means of which one mother found relief from this annoyance.

It consists of a circular cushion which may be

placed on a rug, a folded quilt, or on one of the soft cotton pads with which every well regulated nursery is amply provided. In the center sits—or tries to sit—the child, and whichever way his unsteady little body chanches to topple, a friendly cushion receives it, and wards off the “bump.” The cushion is simply a long stuffed bag, joined at the ends and shirred on the inside, so as to form a ring, after the fashion of an air cushion. It may be stuffed and covered with any material desired, and so made handsome or non-expensive, according to the means or taste of the mother. The size of the opening and width of the cushion should be regulated so that the child may have as much room as possible within for its playthings and freedom for its limbs, and at the same time not be able in falling to strike the floor inside with its head. Of course, the contrivance becomes useless after the child has learned to creep, but even for a few weeks’ use it will amply repay the time required to make it.

ELLA B. GITTINGS.

Colorado Springs, Colo.

A Play Box or Bed.

EVER since I have enjoyed the comforts of a “play box” I have intended writing it up for other mothers.

My box is three feet square and eighteen inches deep, mounted on rollers, that it may be more easily moved. It is made of white pine, shellacked, and besides being just the place for an active baby, does not disfigure a pretty room. When first put in use, Baby could not sit alone, so the box was lined with a comforter, both sides and floor. Now our Jeannette prefers no lining—she can make more noise without it, and so there she plays for many a happy half-hour.

My special plea for the box is that Baby is not exposed to any draughts, always is out of danger, and if such a contrivance is in use there will be no need of whipping the baby for touching pretty things.

I have seen home-made play-boxes which were cut down from dry goods cases and were just as serviceable, of course.

Clinton, Iowa.

W. L. P.



SWEETS.

BY ALICE P. CARTER.

I HAVE noticed that mothers are very apt to say, as an excuse for giving their children a good deal of candy and sugar, that sweet things are absolutely necessary, and, perhaps they add, with a very wise look, “You know, the system requires saccharine matters.” Of course they are right to a certain extent, but I am pretty sure that they carry out the theory a great deal too far.

I once read in a German medical book, that in regard to some especial symptom in illness, it was well to follow “*der Wink der Natur*,” the meaning being that we ought to try to follow where nature beckons. A friend of mine, in speaking of this phrase, gave the literal translation, “follow the wink of nature,” and that quaint little sentence has often occurred to my mind since. How often we should do well, when we are puzzled about dietetic or other questions, to try to discover what nature has to say upon the subject, and follow her beckoning hand or her “wink.”

Take, for instance, this question of saccharine

matter. It is evidently one of the necessary and component parts of human food, for we find it in the mother’s milk for her infant, and in many, and I believe all, fruits, grains and vegetables. The question is, however, in what proportions do we find it. It is often in such small quantities that it is imperceptible to the taste, and even in the sweetest fruits and vegetables the sweet flavor is never so strong as in sugar or candy, or as in most cakes and puddings. Dried figs seem an exception to this rule, but in them the sweetness is condensed and concentrated, so as to produce a much stronger flavor than in their natural state. Honey also seems an exception; but the natural honey as it comes from the flower is but very slightly flavored, and only takes its dead sweetness when it has gone through some mysterious process in order to make it fitting winter food for the bees. It is by no means certain that the bees’ food is the proper food for human beings, and the rule remains, I think without exception, that all human food as it comes from nature is wanting entirely

in that intense sweetness which we associate with what we call "sweet things."

Apparently therefore, we are going far beyond nature's careful "wink," when we give candy and other sweet things to our children, upon the ground that they need saccharine matter, and any physician, and also I think any observing mother, will tell us that those things have a decided tendency to disorder the stomach.

It is also not only a question of quantity, but of quality. It is one of the laws of our physical nature that organized beings can only assimilate organic food, that is, the flesh, eggs and milk of other organized beings, and the products of the earth. Now, in the mothers' milk and in fruits, vegetables and grains we find sugar contained in an organic form, precisely as nature furnishes and prepares it; but when we, on the contrary, separate the sugar from the cane, beet or maple tree, and boil and condense it, we put it through a chemical process of crystallization, which breaks down its organic structure, and makes it no longer a perfect organic substance, fitted for the easy assimilation of organized beings. It is this, quite as much as the undue proportion of saccharine matter in our sweet dishes and preparations of sugar, which makes them so indigestible.

Some physicians are very careful to warn mothers not to sweeten the milk of a hand-fed baby, considering that, although mothers' milk is undoubtedly sweeter than a cow's, it is better to do without the greater proportion of saccharine matter than to add it in the form of sugar, which they think is one of the causes of the indigestion of bottle-babies. Other physicians warn parents against using sugar for older children as well, or if they permit its use at all, advise it only in very small quantities.

By slightly sweetening very sour fruit and using sweet vegetables, such as squash, beets, sweet potatoes, peas, etc., and using other food entirely without sweetening, we "follow the wink of nature," and take our saccharine matter in just the proportions which she intends.

It is sometimes said that sweet things must be good for children because they crave them so. Unfortunately we cannot always trust to the natural instincts of human beings, either young or old, and also I believe that the craving for very sweet things is not a natural, but an acquired taste. The fact is, that parents deliberately cultivate the taste for very sweet things in their children by giving them too much sugar in everything which they eat. I have even more than

once seen a little child holding a piece of candy or cake quite indifferently in its hand, evidently tired of the intense sweetness, and have seen the mother or nurse deliberately put the morsel to its lips, and try to coax it to eat more.

I have found in my own experience with a boy of ten that this taste, not being cultivated, scarcely showed itself at all for the first six or seven years of his life, and then only after occasional indulgences had practically developed it. Even now, he can only eat a little very sweet food before becoming clogged by it. For instance, a few days ago, having two marsh-mallows, he did not quite finish the second, because he said it was too sweet, although he had very much enjoyed the first. When he was younger, he could scarcely bear anything very sweet, though by inheritance he ought to have as strong a taste for such things as any child. When he was three years old, while dining away from home I let him have, for the first time, a little simple, sweet pudding. He seemed to like it at first, but before it was half eaten he suddenly pointed to a dish of plain, boiled rice, and announced that he wanted some of that. Our hostess, who always thought I was very hard upon him about his food, could scarcely believe her own ears at hearing his decided "want *yat*," nor her own eyes, when she saw him push away the sweet pudding, which had begun to clog him, and begin with great relish upon the plain, boiled rice, without sugar or molasses. She referred to the fact afterwards as perfectly incomprehensible, and once broadly hinted that I was bringing the child up to have unnatural tastes! The question is, however, what is a natural taste, and what is a cultivated one. I believe myself that he had the true natural taste for mild flavors, because I had never cultivated in him the unnatural taste for strong ones.

When the taste for very sweet things is cultivated early in a child, he soon learns to need more to satisfy him, like a little boy who once came to tea with mine, who could not drink even his glass of milk plain, but wanted sugar enough in it to make it as sweet as custard, and assured me it was his regular custom at home. He simply could eat and drink nothing which had not a strong flavor.

No wonder when a child is brought up to despise all simple, natural flavors, that he ruins his stomach in after-life by the highly seasoned dishes which so many find indispensable to excite an ordinary appetite.



FROM ONE TO FIVE.

BY HARRIET ELLIOT.

"I HAVE never even thought of his education," said a mother, speaking of her little son, the other day. "I think it will be time enough to begin when he is seven."

But as I looked at the bright little fellow by her side, I thought how far his education had already advanced, and that, although he was only six years old, he had learned what would probably determine the course of his future life, for it is by first impressions that character is moulded. We all know what a difference there is even in babies—a difference which is largely due to heredity and partly also to circumstances—but nurseries are the hot-beds from which the garden of the world is stocked, and while we can almost see the tender plants springing up before our eyes, we need to exercise the greatest vigilance, for the winning ways of childhood hide many a fault which might be corrected if discovered in time.

Do not laugh at the cunning little fibs that your three-year-old child tells, for every time you do you make it easier for him to lie, and if, when he is fifteen, you deplore his want of principle, you will have yourself to blame for it. Never make light of anything that is wrong, however trifling it may be, for if there be a germ of evil in it you know not into what it may grow. Example is better than precept, and if your children see that you abhor all false ways, they will soon learn to shun them.

But it is not only in regard to morals that children need direction in their earliest years, though that is of the first importance. Physically and mentally they are advancing daily, and you cannot stay their progress until you have more time to devote to them.

When we think how common it is for parents to leave their children to the care of ignorant nurses during the years of infancy, we do not wonder at the host of incompetent men and women, who, through no fault of theirs, are thrown upon the charity of a world that grows yearly more exacting. There is no longer a demand for anything short of excellence, and those

who do not rise above mediocrity must go to the wall. Habits of concentration, accuracy and punctuality, so necessary to success in every rank of life, are generally formed in the nursery, or not at all.

See two infants, just able to stand alone. One will amuse himself for half an hour with a rattle or rubber doll, while the other will seize a toy, and throwing it down hold out his hands for something else, soon to be treated in like manner. Here is an opportunity for the first lesson in concentration. A wise mother will take up the toy and point out something to admire, until she has gained the child's attention and he looks at it as he has never done before; perhaps there is not much intelligence in the look, but something is gained if he has only been made to see what he did not see before. Accustomed to seeing things, he will soon learn to observe for himself. Show him a picture—the interior of a room for example—and let him identify the various articles of furniture, etc., and you will be surprised to see how interested he will become.

I remember a dear boy, fifteen months old, who sat upon my knee and designated each article by a sign, for he could not speak, and when I thought that everything had been noticed, he gave an exclamation of delight, and putting his little finger on the mantel-piece, said, "bow-wow." On closer inspection, I saw that there was a china dog which had escaped my observation, being so very minute.

It would be well if mothers could remember that nothing which concerns young children is so trifling as to be considered beneath their notice. Their lives are made up of little things, all of which have an influence for good or evil that will be carried on into the future.

Accustom your children to relate what they have seen and heard in a straightforward and concise manner. It may be only the perambulations of a caterpillar, and not at all interesting to you, but it will be an exercise of some value to them. Many a man has received his first lessons in elocution from his mother, and a hesitating

or diffuse habit of expression, which is often acquired in the nursery, is difficult to overcome.

Any one can see what a difference there is in different persons in regard to manual dexterity. Some are conscious that their usefulness is very much impaired by awkwardness; this is perhaps more noticeable in women than in men, but an easy, graceful way of doing things is always an advantage, and it is in the nursery that children

learn to use their hands. Correct ideas of color, form and measurement are also gained in infancy. In fact, a child learns more from one to five than it does from five to ten.

Our grandmothers thought that education began with the alphabet, but most of us are wiser now, for we know that balls, kites, hoops, bows and arrows, marbles and skipping ropes, are all important aids in education.



THE MOTHERS' PARLIAMENT.

Poetry for Children.

—I crave permission to enter a friendly protest against the ideas of your contributor, Fannie Wilder Brown, in order

to plead in behalf of children less remarkable than "Number One" and "Hurdy Gurdy," children who turn away from poetry beyond their comprehension and remain true to the good old favorites, "Mother Goose," "The Owl and the Pussy Cat," "Seven Times One," and so on.

In this age, when so much is being done for children, when we mothers seem to have turned professional inventors, critically regarding everything with a view to improvement or a "patent," we are too likely to fall into the mistake of doing too much; giving our children their amusements cut and dried, while they would infinitely prefer to develop and carry out little plans of their own. I am a new subscriber, and do not know if F. W. B. prefaced her articles by an announcement that they were intended to show by sarcasm the evils of feeding a child's mind on literature meant for mature years. If so, I can only say that there are very likely many of your readers who, like me, have not read this explanation, and who may think because they see a thing "in print," especially in so authoritative a magazine as *BABYHOOD*, that it ought to be good and worth adopting.

Let us not do this double wrong to our children. The consequence will be that by taking away the child's rightful enjoyment of child litera-

ture we shall be also marring the man's appreciation of poems appropriate to mature years. The former can never be the same to us if it is not closely interwoven with all the memories of childhood. The latter is distorted by a child's inability to understand it, and never "comes straight" again. I parsed Milton's "Paradise Lost" at school, and it has indeed been lost to me, for I have never been able to free myself from looking for the "subject," "predicate," etc.

A child's little world is so lovely, so perfect in itself, that we should be as reluctant to mar it as we should to open by force the petals of a flower not ready to blow. What healthy, happy child knows of sickness or likes to think of it? Then why force an allusion like that to the "leper" in "The Vision of Sir Launfal" on its mind? An imaginative child will, after the full explanation it insists on, identify the most striking parts of the poem (to a mature mind) with the gruesome leper, and pass them over with a shudder ever after.

If a child is left to choose the poetry it would like to hear, it will be sure to say, "Something about birds or flowers," or whatever it has lately been interested in. The "Prologues" of "The Vision of Sir Launfal" come under this head, certainly, but F. W. B. says she took her children through the entire poem. Why should a child know that such a thing as slavery exists? Let the knowledge that there is sin and sorrow in the world come to him gradually. Let him be-

lieve that we are all God's children; let death mean "going to God" for him, and he will be much happier than in trying to understand the slave's death-in-life that Lowell's forcible and realistic words portray.

There is no fear that a child, if left to himself and his own bright eyes and sharp ears, will grow up ignorant. If we are ready to listen to and answer his questions, he will pick up science, geography, history, literature, music, so far as he is able to comprehend them, without conscious effort. One step will lead to another and he will take infinite delight in "finding out" new things.

Mr. Carroll, the author of "Alice in Wonderland," is said to have a room full of delightful cupboards and corners, which he stows with toys and other trifles, and then invites his little friends to come and try what they can find. It is needless to say that the room is a very paradise to children, and that everything they find seems novel and beautiful, though it may be a thing they would not look at twice if it was pressed upon them. This is the way in which literature should come to them. When they have discovered something new in life, it will please them wonderfully to "find" a poem about it, about "*our* new kitties," or "*our* little brook."

And let the poems they hear be in accordance with their knowledge of life, instead of presenting thoughts that would make them, like F. W. B.'s "Number One," wish to "compromise with sin." "Number One," as any bright child would, became impressed with the idea of imitating Mr. Lowell's poem as far as he could. To do this, a child's thoughts must be centered in himself—he begins to analyze his feelings and to lose his unconsciou-ness, which is one of childhood's loveliest traits.

Let us try in literature, as in everything else, to keep our sons' and daughters' *children* as long as possible, and instead of attempting to draw them to our own intellectual level, let us by all means put ourselves on theirs, and guide their tastes—not by forbidding them certain books, but by surrounding them only with the best books that they are capable of understanding and appreciating.

Meeting with a person who has reached the intricate harmonies of life's symphony, there is no keener delight than to hear running through them all the leading theme of a perfectly pure and happy childhood.—*Ida S. Harrington, Suspension Bridge, N. Y.*

How to Carry the Baby.

—Dear mothers of first babies, let me entreat you to learn the simple art of carrying your baby properly. I was once

traveling on a cable car that, among other passengers, contained two young mothers, each holding an infant under three months old. My attention was attracted to the first as soon as I was seated, and I noticed the eyes of other passengers wandering in the same direction. She was never still, and the child might have been a dish rag for all the respect that was paid to its vertebrate system. First, it was thrown over the mother's arm, between the elbow and wrist; its poor little head wabbling about like an apple just ready to fall from the tree. Then it was laid face downwards across her knee, and jogged about to a "rum-tum-tiddy" that might have been soothing to its nerves if they were constructed on a principle different from those of all the rest of humanity. Up to this point it had been quiet, but at the sound of the "rum-tum-diddy" it inserted a vigorous motion of resentment. It was then transferred to the maternal shoulder, and patted on the back with movements that must have appeared to the tender infant like vigorous whacks. It was next tied into a sort of true-love knot in the mother's lap, one little foot and one little arm sticking out here and there by way of loops. Unappreciative infant! even then it would not be silent. As a last resource, the mother opened her dress and forced nourishment upon it that it did not need, in the presence of a large car-load of mingled sexes, most of whom were looking on in amusement but poorly concealed.

At last, with overloaded stomach and flushed face, the poor little baby sank into an uneasy slumber; its face and limbs twitching from time to time in a manner that boded ill for its future. It had not asked for tossings, for pattings or for food; it only needed rest. It did not get it even then, for two blocks further on the mother sprang up like a whirlwind, first to stop the car and then to get out, which latter she did with the now screaming baby tucked under her arm like an umbrella.

From time to time, when the exigencies of this little drama admitted of a moment's relaxation, I had glanced at the other mother. She had brought her sleeping and well-fed infant into the car shortly after my own advent; and with her fare already in her hand, had seated herself quietly, and at once placed her little placid baby in such a position that its head rested comforta-

bly on her shoulder, while its back was supported by her arm. To say that it then sank into peaceful slumber, would be a false description; for, in fact, so gentle had been its mother's movements, that it had never awakened. For seven long miles, through more than an hour's ride, the child slept in perfect rest, its mother being so still that only twice did I detect a movement; once when paying her fare, the other time when signaling the conductor, whose attention she had previously attracted with her eye.

It was a beautiful living picture of the holiness of maternity, the mother's face being as serene and placid as that of the sleeping babe. It reminded me of those exquisite lines addressed by Faber to the Virgin Mary, commencing:

"Oh, holy and pure was the wonderful rest
That thou gavest thy God on thy virginal breast."

That was the ideal motherhood.

Before leaving this subject, it may be as well to say that, as a rule, it is rarely, if ever, necessary to nourish a child from maternal sources upon the street cars. If infants were fed, as they should be, at regular hours, an excursion could always be planned so that feeding times should come before and after, but never during, the trip. Such an arrangement is better in every way, both for mother and child.—*"Resurgam," Chicago.*

—For the benefit of nursing
Milk Shake. mothers who cannot drink
malting liquors to increase
their supply of the lactic fluid and with whom
cow's milk does not ordinarily agree, I would
suggest their trying shaken milk. It is easily prepared.
Buy a shaker (a tin one can be purchased
for ten cents, but a nickel-plated one is better,
costing ninety cents) and a plain, heavy glass
tumbler. Put the milk in the shaker, invert the
tumbler over it and shake thoroughly. Then
pour the foaming milk from the shaker into the
tumbler and sip it. It is much more easily digested
by taking it in sips than by swallowing the
glassful rapidly.—*P. L., Washington, D. C.*

—Truisms are sometimes
Milk and its Sterilization. necessary. The importance of
securing clean, pure milk is
so great that I earnestly wish
I could invent some new and striking combination
of words that should bring the fact home to ears
that now are dulled by constant hearing. So
many say, "I am alive and have consumed quantities
of milk of whatever kind was obtainable,

and I am none the worse for so doing." He who reasons thus takes a very narrow view of a question the real significance of which is growing every day more and more apparent to thoughtful people. Any one who has had much to do with charity work in a large city, and has visited the homes of the destitute or of the very poor, who too often are in that condition because cursed with ignorance, has seen the cause of many a terrible disease that not only killed the helpless poor man or his children, but involved in a common ruin the children of the rich. For disease is no respecter of persons, and the neglect of those who are able to help their feeble brothers up the long weary path, is in the end, more frequently than we realize, revenged upon the innocent. It is a matter of purely selfish interest, if they only could be brought to see it, and if a Christian feeling of human brotherhood does not lead them to aid they must be reached from the side of utilitarianism. If there is so much selfishness in the world, let there be a little more that it may correct its own errors, and by doing for others as a duty to self, gain the habit, finally forget the original reason, and do because the happiness of others is so greatly increased.

In most crowded byways of a large city, wherever the poorest have to spend the small portion of their lives that can be given up to rest and "home life," pathetic travesty that the phrase is, and where the children live their first months, perforce the condition of affairs averages about the same. In one room all the "conduct of life" passes. Man, wife, children, varying in number even to a dozen, eat, sleep, are born and die. The landlord neither supplements the ignorance that injures or nullifies proper sanitary arrangements for the needs of all, nor in too many cases even provides the most necessary conveniences, and he generally neglects to repair plumbing that with the best of care in time will need attention. In such a room the one sink serves for whatever ablutions the different members of the family think proper, as well as for culinary operations, and in warm weather usually, becomes the refrigerator for those who cannot afford what is sometimes almost too expensive for the well-to-do, ice. Generally there is a baby in the family, and milk must be bought even if such a luxury be forbidden the rest. Those who try hardest with every supposed facility for obtaining the best are unable to have a safe article, as an example will show. In a wealthy family the baby was slowly pining away with what in adults is

called dyspepsia. The well-paid milkman provided milk "from one cow." At my desire a sample of the milk was given me for examination, and when each teaspoonful was found to contain, in round numbers, half a million bacteria, the mystery was solved. Immediately the rule was laid down that no more milk should be given the child unless properly sterilized. Needless to say that the baby is now plump and healthy. There was no trouble, such as is commonly apprehended from the use of scalded milk.

Since the difficulty of obtaining pure milk is so great, we need not wonder at the poor quality dispensed to the indigent who have no power to compel the delivery of an honest, unadulterated article. Starting, then, with a liquid having the semblance of milk and containing considerable water—another liquid in which bacterial germs are known to thrive, and in which the bacillus of typhoid fever travels in search of its victims—the poor woman places it in an uncovered mug or pitcher, in another larger dish or pan, and setting it in the sink among odds and ends, near the probably untrapped waste-pipe, allows the water from the faucet to constantly flow into the outer receptacle, thus to delay souring. Meanwhile, until the milk is used it is all the time accumulating germs from the noxious air surrounding it, in addition to those which are rapidly multiplying within it, only partially incommoded by the semi-coolness of the water. No wonder that infant mortality is so great. One death is not all. Often the disease is transmitted in various ways to the homes of the wealthier, and one dying babe leads to the grave a number of older beings. Eventually the whole business of supplying milk to consumers will undergo a revolution, and at this very time many who never before considered the question are being aroused. It is almost the eleventh hour.

Since, then, milk is so highly putrescible a food it behooves us to learn to protect it as much as possible.—*Alice Cranmer Kast, Boston.*

[The general subject of sterilized milk has recently been briefly discussed by the medical editor, the *pros* and *cons* being both briefly attended to. But, as we then said, whenever there is any question of purity of milk supply, sterilization gives a safeguard which is of the greatest value. The problem of how to furnish good milk to the poor in cities has been much considered, but not solved. As *BABYHOOD* has frequently mentioned, condensed (canned) milk has been a favorite infant food among the poor because, although it is not

ideal in its composition, it is clean, sweet and sterile, and resists change for a sufficient length of time. In New York the vigilance of the Board of Health has nearly destroyed the trade in unreasonably poor milk, but the problem of how to keep the milk sterile or nearly so is still a difficult one. Some dairies have a sterilizing department and send to the city milk which, being sterilized when fresh, will keep sweet until the vessels are opened. "Cream food" and some "milk foods" are so prepared, but while these are all available for and helpful to the well-to-do they are usually beyond the reach of the really poor.—EDITOR OF *BABYHOOD.*]

—Possibly some young mother may be influenced by my experience with milk crust. It developed when my baby was

a few weeks old, and annoyed me by its untidy appearance. Being constantly admonished by other mothers to "let it alone," I did so, until at one year the head had become so encrusted that I consulted my physician. The result was a more determined ignoring of future irresponsible advice, I trust. A few applications of oil of vaseline, followed by the most gentle use of his comb (not to inflame the scalp a particle, but simply to lift the scales out of his hair), effected a complete cure. The physician also informed me that water acts as an irritant to eruptions of an eczematous nature, so that washing the head must be omitted while it is healing.—*F. B. D.*

—*BABYHOOD* has occasionally spoken of the mistake of supposing that a baby must be fat in order to be considered in a

thriving condition. I remember a little experience of my own, which seems quite to the point, in this connection.

When my baby was thirteen months old I was first able to compare him with a little cousin who was six weeks younger. The latter was what is called "a splendid baby," big and handsome and fat, without flabbiness. Every one admired him so much that I could not help feeling a little mortified at seeing how badly my slim baby compared with him in appearance, but—and it seems a very important but—whereas "the splendid baby" could not at twelve months even stand upon his mother's knees, my baby at thirteen months needed only to give me one little hand to balance himself in order to walk firmly and strongly wherever he pleased. He had also been constantly

standing on his slender and straight little legs for the last five months.—*A. P., Massachusetts.*

**Blowing
Baby's Nose.**

—When Baby No. 1 became afflicted with what nurse called “a snuffle in her nose,” and had a hard time by reason of it to get her dinner and her breath at the same time, I thought I would give a good deal to be able to blow her nose for her.

When Baby No. 2 was old and depraved enough to put beans and pebbles into her nose I acquired the necessary information, and can now perform the ceremony for No. 3 as often as the occasion demands. For the benefit of mothers who have only passed the first degree, let me tell how I do it. If the offender is hard and dry, grease it with a little oil or vaseline applied with a small camel's hair brush, then close the obstructed nostril by pressing against its side, place your mouth over Baby's (it will fly open at the touch of your lips) and blow a quick strong breath. Presto! out flies the snuffle! Baby looks surprised, perhaps indignant, but is not hurt, and this is so much safer and easier than poking about with invisible hair pins, rag “tents” or any other way that I ever saw tried.—*3d Degree Mother, Iowa.*

—I want to say a word to **Groundless Fears.** those young mothers who are always in a state of fear about their children. Having once belonged to that class, I know how to sympathise with them. And how grateful I was when the right word was spoken to me that helped me out of the trouble! I can best tell you just what I mean by giving you a bit of my “experience.”

Having been for several years denied children, imagine my joy when a little girl was placed in my arms! but alas! scarcely alive and the tiniest creature imaginable, hardly weighing 4 pounds. She did live, but was always delicate, and continually having ill turns of various sorts.

I had imbibed the notion from some dear, good, but unwise mother, that if you stood in sufficient fear of losing your children, they were more safe—and numerous cases were cited by mothers whose remarkably healthy children had died very suddenly, the children having been so very robust that no thought ever entered the mother's mind that they could die. The idea would follow that, after all, it was just as well if your child was not in particularly robust health. So I considered it

rather a virtue that I felt that my child was not likely to live, and continually forced myself to remember that, although I had kept her so many weeks—so many months—then so many years—she was likely to be snatched from me at any moment. When she was nearly five years old, and still a most delicate little creature, constantly requiring medical attendance, a new light was let in upon my soul, and I was made to see the injurious effect of my ideas, and after a severe mental conflict, I was brought to view things in a different light. It may seem strange at first thought that it is a struggle to give up an injurious thought or idea, but the struggle comes in making up your mind that it is injurious. We do love to hug our fears and our troubles, and it requires sometimes considerable strength of mind to let them go.

I do not wish to be understood to say that I worried the child or my friends by talking incessantly about my fears; it was enough that I had them. But when I saw clearly the error, and changed my habit of thought, and held the child as by right of Divine inheritance a healthy child, she soon became so in reality. I relieved her from the weight of my fears, and she immediately began to develop as was intended, and is now of more than average size and in perfect health. I do not mean that we should abate our tender, loving care, but keep the little ones in a happy, fearless atmosphere. Bear in mind that the fear the mother holds in thought for the child surely reacts upon it. Children are such sensitive, impressible creatures (and the younger they are the more susceptible they are), that the mental atmosphere with which they are surrounded is of the greatest importance. We know how we are depressed by the sadness or forebodings of others, and if we are thus affected, how much more so these impressible little ones who are literally thrown upon our mercy.

So I would say if your child cries, apparently without cause, by all means hunt for the possible pricking pin, or any other imaginable cause; but just as surely see that there is no impatient or sorrowful thought surrounding it.

Believe in the gospel of health, and if the baby is a little too warm or too cold, don't add to its discomfort by useless fears. The devoted young mother does necessarily get tired and nervous sometimes, and babies are such astounding creatures, and will roll up their eyes so fearfully, and do so many alarming things, it is no wonder that one unaccustomed to them should be frightened.

Then, of course, it is best to call some wise friend, who, nine times out of ten, will find that it is only one of Baby's many funny ways of developing, and your tears will turn to laughter, and you will wonder how you could have been so frightened. But beware of calling the well-meaning but lugubrious person who sees disease and death lurk in every unusually merry peal of laughter, or in an extra glow of color after a good romp, for she will have too many harrowing tales to tell of children who looked just so and so immediately before

scarlet fever or some other dreaded disease, her theory being that it is never safe to be very happy.

The good mother, however, soon learns to know her child, and by a mysterious bond of sympathy divines its ails and troubles, and knows how to soothe and quiet it better than another, and an emancipation from a thousand and one inherited or fashionable fears is the greatest help to a happy and healthy babyhood. — *Belle Spalding, Florence, Italy.*



BABY'S WARDROBE.

A Night Jacket.

DURING the autumn mornings Baby would often waken quite hoarse. I thought the reason must be that her chest and shoulders were not sufficiently covered, as it is almost impossible to keep the blankets tucked snugly around them. Taking some pieces of gray flannel from my bundle-drawer, I cut out a jacket coming down a little below the waist line. This I stitched together, feather-stitched the seams open, turned in the edges of the jacket, finishing it with buttons and button-holes in the back. I put on the jacket every night, letting it stay on until the house is nicely warmed in the morning, usually until her morning bath. From that time, I cannot recall a single instance of her being hoarse in the morning, unless she had previously taken cold. J.

Troy, N. Y.

Washing Baby's Flannels.

I.

So few baby flannels are allowed to retain their softness, size and beauty, that I beg space to tell my experience in order to help any mother who needs to know how to avoid this unnecessary spoiling in the wash.

Before my baby was born, when I was making up the dainty embroidered flannel garments for

its wardrobe, kind mothers of families warned me to use these things as long as possible without washing, because "they will never look the same afterward." Just before the baby came, however, a friend called upon me who related the greatest success in keeping her own pretty flannels intact by washing them out herself in the basin after the following method: Take hot water, as hot or hotter than the hand can bear. Put into it ammonia (household ammonia) at the rate of a tablespoonful to a pail of water; make this a suds with good soap and then put in the flannels one by one, having water enough to cover all. This being done, leave them to soak for fifteen minutes or so, not allowing the water to grow cold however. Then take them up one by one and rub any spots that remain, using the hands always in preference to a washboard where hand-rubbing will suffice. Squeeze out this first water (not wringing) and put the flannels through two rinse waters, being careful to keep the temperature of all the waters the same. When rinsed, wring and shake out each piece thoroughly, pulling and stretching it into original shape; then hang up to dry beside a fire or over a heater. (Never take flannels out of hot water and hang them in cold air, never allow them to lie around wet before hanging in a quick-drying place.)

When flannels are nearly dry, iron them smoothly. Never allow them to dry and then

sprinkle them down like other clothes. This is fatal.

After ironing, hang them in a hot, dry place to air, and do not put them on the baby until next day. Flannels shrink, harden and thicken from being subjected to sudden changes of temperature, from being rubbed on a board and washed with common soap and put into cool rinse water, and from being allowed to remain wet after being washed, before drying—to say nothing of slow drying, sprinkling and the rest of it. M. S.

New York City.

II.

THERE are almost as many ways of washing flannel as there are kinds of flannel to wash; but the two ways from which we have seen the best results, are: First, to wash and rinse the articles in water of exactly the same temperature—not very hot—and to iron before quite dry; second, to wash in water as hot as the hand can bear and press when very damp. Ivory soap has been found the best for all wool materials; but even that should never be rubbed on the garment, but merely employed to make suds. Flannels that have been badly pulled can be made soft again by following these processes. B.

New York.

Notes.

It has been painfully impressed upon some of BABYHOOD's friends, during the past summer, that there is an increasing tendency toward reviving the old fashion of low-necked and short-sleeved frocks for children. Nothing could well be at once prettier and more imprudent. Plump little necks and sound, dimpled arms are charming to look upon; and it is easy to understand why the mothers of a generation ago, not having realized, from experience, the greater security for health in covered necks and arms, should have been loath to adopt the newer fashion. But how the mothers who have tried it can voluntarily go back to the older, unsafer way, is incomprehensible. The long train of ills which may result from the sudden chilling of moist flesh is enough to appall the most heedless mind; yet there are many well-intentioned mothers who, for fashion's sake, will take the risk of these dangers without stopping to reflect upon results. BABYHOOD begs them to do their utmost to discourage such senseless styles by refusing to dress their children in such a manner. There is no way in which the co-operative efforts of women

can be more effectively employed than in checking unwholesome tendencies in children's clothing.

THE unnecessary weight of little children's clothes is a matter to be seriously considered as the period of warmer garments and heavier material approaches. If any one unacquainted with the usual weight of the clothing of a child of two years were to weigh it and then compare the weight of the nude child with the weight of garments, he would be much surprised to find how disproportioned to his size and strength is the burden the little one often has to carry. In these generally intelligent days there are not many superfluous garments; but there are many unnecessary ounces in superfluous depth and fullness of skirts and hems, in tucks and heavy trimmings, like braids and metal and beads, in voluminous sleeves and multiplied capes, in buttons and clasps, in flapping hats and forests of feathers. A tiny child is like a young plant, which needs all its strength to grow and develop, and ought not to be taxed through any unnecessary strain, however small.

WE have hoped against hope to hear that autumn and winter cloaks and garments are to be simpler and more baby-like than they have been for a year or two; but no such intimation comes. The same over-weighted little bodies and exaggerated little shoulders threaten to prevail, and thus to continue the top-heavy appearance the toddlers have recently borne. Much too heavy cloths are to be the mode also, and the soft, warm and light fabrics, which are the most sensible, are to be only "second choice." Eider down cloth, which, by long experience, has been proved one of the most desirable of materials for children, has been almost wholly pushed aside by far less serviceable stuffs.

A VERY fine and delicate kind of serge is much used for infants' wrappers now as a variety from flannel. It comes in soft, light shades, and, with feather-stitching of a harmonizing or contrasting shade of coarse silk, is very dainty and baby-like.

AT this season a pair of short knitted leggings, coming just over the knee, will be found especially useful for babies in short dresses who still ride in a carriage. There are many cool mornings and late afternoons when a little extra warmth

around the feet and lower legs is desirable, and when the long legging drawers coming up to the waist are unnecessary. Even inexperienced knitters can easily make them, and they may be bought at a reasonable price at almost all stores furnishing infants' wear.

COARSE double-clover leaf tatting made of knitting silk is an excellent trimming for flannel. It washes well and holds its shape better than knitted lace, and is suitable for almost any garment made of flannel.

RED and green, which have not been considered baby colors in the past, are coming quite into vogue now; and this seems to mean that novelty is paramount to all else. The shades used, however, are the softest and choicest, and they do not look as pronounced as they sound.

PLAIDS of all shapes, sizes and combination

hold the general favor still, and seem likely to last for at least another season. They have the great advantage of not readily showing stains, although they are difficult to make up effectively, and are much improved by combining with plain goods, whether of velvet or wool.

THE elaborate simplicity of much baby wear, nowadays, is astonishing, and lavish expenditure of time in the hand-sewing brings the cost to a greater figure than the yards of useless machine-made trimmings used to. In many cases, even the little ruffles around the necks and wrists of fine frocks are scalloped by hand, and the mere price of making such apparently simple garments often reaches \$10 and \$12 a piece, in addition to such materials as are employed. Much of such work is done in the convents, and certain of these institutions have a special reputation for the exquisite workmanship of the articles prepared within their walls.



THE NURSERY TABLE.—I.

BY CHRISTINE TERHUNE HERRICK.

CEREALS AND VEGETABLES.

AT least half the mothers of young children labor under the impression that they know all there is to be learned about children's diet. Many of them have a lofty contempt for the "fussiness"—as they term it—that leads sundry young matrons to study the comparative nutritive qualities of different kinds of food and to exclude from the baby's bill-of-fare all but the simplest articles.

"I let my baby come to the table and eat with us," said the mother of a year-old girl to me not long ago. "She's real fond of potatoes and green corn and of sweet things. But,"—with a sigh—"doctor, he says they ain't good for her while I'm nursin' her."

The mother of another baby of about the same

age was terribly alarmed by a severe attack of cholera morbus that followed the infant's supper of boiled ham and cabbage.

"It couldn't be anything he eat," she said, decidedly, "because the four other children have always been fed just like him, and they're all right."

True, these instances are selected from an unlearned class, but the same ignorance or carelessness may be found in a much higher walk of life. The study of an appropriate diet for children will not seem unworthy of trained mental powers when one reflects upon the evil consequences that neglect may entail upon the body, and through that upon the mind of the growing child.

For a little baby there can be, of course, al-

most no variety. Milk, sterilized or peptonized, or one of the prepared foods endorsed by physicians, is all that can be offered for many months. But as the child grows older and acquires his full set of milk teeth, a change is not only agreeable to him, but almost essential to his health. His appetite will be stimulated by variety, and if his food is properly prepared, it may be toothsome as well as nourishing. Prominent in his *menu* are cereals and vegetables, which should serve as the *pièces de résistance* of the nursery table. The following simple dishes will, it is hoped, be found serviceable in this connection:

Oatmeal Porridge.

Four heaping teaspoonfuls fine ground oatmeal.

Three cups warm water.

Half teaspoonful salt.

The manufacturer of one brand of oatmeal declares that it needs no preliminary soaking. This can do it no harm, however, and aids in softening the cereal and reducing it to a fit state for childish digestions. Let the double boiler containing oatmeal and water stand at the back of the range over night. In the morning fill the outer vessel with hot water and move the boiler to the front of the stove. Let it cook steadily for at least half an hour; three-quarters of an hour or an hour will be even better. Just before pouring out the porridge, beat it hard with a wooden spoon, and if it seems too stiff, stir in a little boiling water. Salt it the last thing before turning it out.

Cerealine Porridge.

One cup cerealine.

Three cupfuls boiling water, slightly salted.

Stir the cerealine into the boiling water, and cook, covered, for twenty minutes, stirring occasionally. If the porridge seems too thick, thin with boiling water.

Wheaten Grits.

To be properly cooked, this should be prepared the day before it is to be eaten. Put three tablespoonfuls of the wheaten grits or cracked wheat and a pint of warm water into a double boiler and cook at one side of the stove, steadily, but not hard, for four hours. The next morning warm the porridge and salt it to taste.

Hasty Pudding or Mush.

One quart boiling water.

One cupful yellow corn-meal.

One teaspoonful salt.

Stir the corn-meal to a paste with a little cold

water, and add it to the salted boiling water in a double boiler. Cook steadily three-quarters of an hour, stirring hard and often. Avoid making the mush too stiff.

Hominy Boiled in Milk.

One cupful fine white hominy.

Two cupfuls milk.

Salt to taste.

Wash the hominy in several waters, and soak it over night in enough cold water to cover it. In the morning drain off the water, pour in the milk and cook in a covered double boiler for an hour. Stir in a small tablespoonful of butter, and salt to taste before sending to table.

Rice Porridge.

Two cups milk.

Two tablespoonfuls rice.

Half cupful cold water.

Wash the rice thoroughly and crush it with a rolling pin, or in a mortar with a pestle. Or, it may be laid between two folds of coarse cloth and hammered with a potato beetle until it is well broken. Mix it with the water, and stir it into the milk, which should be scalding hot, in a double boiler. Cook for half an hour, salt and serve.

Corn-Bread.

One cup corn-meal.

One cup flour.

Two tablespoonfuls sugar.

Two tablespoonfuls butter.

Two teaspoonfuls baking powder.

Two eggs.

One cup milk.

Tablespoonful salt.

Beat the eggs, add to them the salt, sugar, milk and melted butter. Sift the corn-meal and flour together with the baking powder, and mix with the other ingredients. Beat hard, pour into well-greased muffin-tins, and bake. These are also good split and toasted, when cold.

Graham Bread.

Two cups Graham flour.

One cup white flour.

One yeast cake, dissolved in a cup and a half of warm water.

Three tablespoonfuls molasses.

One teaspoonful salt.

Sift the white flour with the salt and mix with the unsifted Graham flour. Stir in the yeast, the warm water and the molasses, and make all into as soft a dough as can be handled. Should it seem stiff with the above proportions, add a little warm water. Let the dough rise over night and in the morning knead it well and make it into

small loaves. Set these to rise a couple of hours and bake in a steady oven.

This bread should not be cut while hot. It is admirable for growing children, and makes excellent toast.

Graham Brewis.

Two cups milk.
One heaping tablespoonful white flour.
One tablespoonful butter.
Slices of Graham bread.
Salt to taste.

Break the bread into small bits, spread it on a pan and set it in a slow oven for five or ten minutes, until the bread is quite crisp. Meanwhile, heat the milk to scalding in a double boiler, and thicken it with the flour and butter rubbed together.

Into this stir the bread, and let it cook slowly until soft and smooth.

Should it become too thick to stir easily, add a little more milk. Salt to taste and serve.

Brewis may also be made of white bread, or of white and Graham mixed.

Milk Toast.

Cut slices of bakers' bread an inch thick, trim off the crusts and toast the bread quickly and lightly over a clear, smokeless fire. Place ready at the side of the stove a pan of boiling water and dip each slice into this for a second before spreading it sparingly with butter and laying it on a deep dish. When the dish is full, pour over it slowly milk that has been heated in a double boiler, adding a little salt to it just before taking it from the fire. Cover the dish and set it in a slow oven or in the plate-warmer for five minutes, uncover, and if all the milk has been absorbed, add more, and let the dish stand in a warm place five minutes longer before sending to table. By this process the toast will be soft throughout.

Toasted Crackers.

Split Boston crackers, toast them on the inside, and butter. These are especially relished by children when accompanied by apple sauce or by some simple fruit-jelly, jam or marmalade.

Panada.

Split and toast Boston crackers and arrange them in a bowl, sprinkling each layer lightly with sugar. When the bowl is full, pour over its contents enough slightly salted boiling water to cover the crackers. When this is absorbed, add a little

more, and let the bowl stand covered in a hot place for fifteen minutes before serving.

Stuffed Potatoes.

Select six large white potatoes, wash them and bake them until soft. Cut off the end of each one, and with the handle of a fork or spoon scrape out the contents. Mash them with a fork and add to them three tablespoonfuls hot milk, a tablespoonful of butter and salt to taste. Return the mixture to the skins and set them in the oven for five or ten minutes until they are hot through.

Stewed Potatoes.

Peel six large white potatoes and cut them into neat dice with a sharp knife. Lay them in cold water twenty minutes and then put them over the fire in boiling water. Cook until tender, drain off the water and sprinkle the potatoes with a tablespoonful of flour. Have ready a cup of milk in which a good teaspoonful of butter has been melted, pour this over the potatoes and let them come slowly to a boil. Salt to taste and serve.

Potato Puff.

Two cups mashed potato.
One egg.
Half cupful milk.
Two teaspoonfuls butter.
Salt to taste.

Beat the egg light, add it with the butter, the milk and the salt to the potato, whip all together and bake in a buttered pudding-dish.

Scalloped Potato.

To two cups of mashed potato add one egg, a tablespoonful of butter and a cupful of milk. Salt to taste, turn the potato into a buttered pudding-dish, sprinkle with fine crumbs, dot with bits of butter and bake, covered until the potato is hot through, uncover and brown.

Potatoes Stewed Whole.

Small potatoes may be selected for this. Peel and boil them. When they are almost done, drain off the water and pour over them enough milk to cover them. Let them cook in this until done and stir in a tablespoonful of butter, cut up in a tablespoonful of flour. Simmer a few moments, season and serve.

Sweet Potatoes, Scall ped.

Boil sweet potatoes and slice them crosswise after peeling. Arrange the slices in a buttered

pudding-dish, sprinkling each layer with a few crumbs, with bits of butter and a very little salt. Make the top layer a thick one of crumbs and dot plentifully with butter. Cook covered twenty minutes, uncover and brown.

Sweet Potato Puff.

Two cups sweet potato, mashed.
Two eggs.
One cup milk.
Two tablespoonfuls butter.
Salt.

Mix and bake like the white potato puff described above.

Buttered Sweet Potatoes.

Boil and peel sweet potatoes and slice them lengthwise. Butter each piece and lay all in a pan, buttered side up. Set this in the oven for a few minutes before serving.

Scalloped Tomatoes.

Slice ripe tomatoes and place the slices in layers in a pudding dish, sprinkling each layer with a little sugar and salt, and putting bits of butter here and there. Bake covered for half an hour, uncover and brown.

Rice and Tomato.

Arrange alternate layers of boiled rice and

sliced tomatoes in a baking dish, making the top layer of tomato. Scatter this with small pieces of butter, bake covered twenty minutes, uncover and leave in the oven ten minutes longer.

Stewed Oyster Plant.

Scrape and slice the roots. Stew until tender, putting them on in hot water, a little salted. When done, turn off the water, add a cupful of cold milk, thicken it with a tablespoonful of butter rolled in a tablespoonful of flour, and serve after it has simmered about five minutes.

Stewed Celery.

Cut celery into inch lengths, cook it in water until tender, drain it and pour over it a cupful of milk, thickened with a tablespoonful of butter rubbed smooth with as much flour. Season to taste.

Stewed Macaroni.

Select spaghetti in preference to the pipe macaroni. Break it into small pieces, put it over the fire in boiling water and cook ten minutes. Drain off the water, pour a cupful of milk over the macaroni and cook until tender. When done, stir in a good tablespoonful of butter and salt to taste.

This makes an excellent nursery dessert, when eaten with butter and sugar.



NURSERY PROBLEMS.

Proportions of Milk and Water; Irregular Movements.

To the Editor of BABYHOOD:

My little daughter will be a year old this month, and since her birth has never been fed a drop of anything but a little water, and as I have been so blessed in being able to nurse her all through the summer, I thought I would do so until about October, or cool weather is established. She has her seven first teeth, all having come through since she was nine months old, and has not been at all sick, or, in fact, uncomfortable through it all. She only weighs eighteen pounds, but she seems very well and comfortable, is very good, and sleeps well at night. I nurse her every three hours by day, and not from my bedtime (about eleven) until about five or six in the morning. She only has a movement of the bowels every second day, though I try to

make her more regular. My physician dislikes using suppositories. The points upon which I should like you to advise me are:

(1) When I wean her do you advise sterilized milk?

(2) What are the proportions of milk and water, and is it to be hot or cold water, and should the water be added before or after sterilizing the milk? When the milk is given shall it be hot or cold, how much at a time, and shall I give it the same intervals as in nursing?

(3) What advice do you give as to regulating the movements?

Glen Ridge, N. Y.

X.

(1) It depends entirely upon the quality of the milk supply. In the September number of *BABYHOOD* we have expressed ourselves somewhat at

length about sterilization. If the milk is thoroughly good in every way it will do. Sterilization has for its object the prevention of changes in the milk.

(2) Probably one-third of water, two-thirds of milk to begin with, diminishing gradually the proportion of water. Oatmeal gruel, thin, may be used instead of the water. The food is to be administered at blood heat. If you sterilize, it may be convenient to mix before sterilizing. If not, the use of boiling water to dilute the milk will bring the mixture about to the proper temperature. According to the child's appetite each meal should contain six to eight ounces. Give it from a cup, as the bottle is no longer necessary, and you can avoid the details of properly caring for bottles. It is well to teach her to drink at once. Six meals in twenty-four hours are enough. You do not mention the total number of sucklings she has now.

(3) It is no great harm for a child to go two days if the stool is soft. Perhaps the change of food may do good. Personally we like suppositories, soap or other kinds, but as your physician objects, he probably has some good reason for it.

Keeping a Sponge Sweet; "Crackling" in the Knees; Contagion from Whooping Cough; The "Mother's Record."

To the Editor of BABYHOOD:

(1) Can you tell me how I can keep Baby's sponge sweet and clean? I rinse it occasionally in soda water and always put in the open air to dry, but do what I will it sometimes has a sour odor, anything but pleasant.

(2) I have noticed lately that the knee of my seven-months' old baby sometimes *cracks*, as if the joints were slipping. Can anything be wrong? She suffers no inconvenience from it, and the knee is not painful on pressure.

(3) I would like your opinion as to the baby tender mentioned in your magazine. Can there be any injury to a young child resulting from its use? My physician says he does not like the shape, that it presses upon the pubic bone and might be harmful. Do you agree with him?

(4) When does danger of contagion from whooping cough cease? That is, how long can a coughing child give it to others? My physician says frankly he does not know. Does BABYHOOD?

(5) Will you kindly tell me where I can find the little book, "Mother's Record," so frequently mentioned by you? I have tried in vain to find it, and have even sent to Chicago, where I was told it was published.
A. A. A.
Illinois.

(1) It should be hung in the sun and wind, if possible, in all damp or warm days. A solution of boric acid is excellent to rinse the sponge in. It is an antiseptic, but not a dangerous one. Dissolve the boric acid in hot water and keep in a bottle or

make a saturated solution extemporaneously, as needed. After using, wring the sponge out dry; put it into a cup or bowl and pour on enough of the boric solution to fully wet it. After a quarter of an hour wring out again and dry as usual.

(2) Probably the crackling is due to certain roughnesses of the synovial membranes, which rub against each other. It does not necessarily mean any mischief.

(3) We have mentioned a good many at one time and another. Please quote page and volume where the one referred to is mentioned.

(4) BABYHOOD does not know. It believes that contagion is possible so long as the cough continues.

(5) The "Mother's Record" is, we believe, now out of print. Several other very good books in this line are now published, and any large bookseller should be able to obtain them for you.

Diet for a Conservative Child of Two Years.

To the Editor of BABYHOOD:

Will you please advise me as to what food I can give my little boy, who is just two. I nursed him for nearly ten months, then gave him condensed milk and at sixteen months changed to cow's milk, diluted, and at eighteen months gave him pure milk without any water or sugar. I have never been able to give him oatmeal in any form, as it has always given him pain and has made him very constipated. At twenty-two months I gave him mutton broth and beef tea, and for a few times he liked both, but then refused to take either. I tried oatmeal again, but with the same result. I have within the last one or two months tried hominy and Hecker's wheat granules, but he dislikes both. Baked potato with cream and salt and soft boiled eggs he liked for once or twice, but then declined even tasting either. He likes Liebig's beef tea, but there seems very little nourishment in that. I have during the last month given him very rare beef with bread and the juice of the meat. This he is very fond of, but the last time he eat it that made his bowels so loose that we called our physician, fearing some serious trouble during the hot months.

Twice I have given him an egg beaten with cold milk and a very little sugar, but that does not digest very well. He lives on bread and milk, taking nearly two quarts of milk with two or three slices of bread each day. Is this enough for him? At birth he weighed a little less than 6 pounds; at sixteen months 25 pounds; at twenty-three months only 27 pounds, and now he weighs 30 pounds, is 35 inches tall and perfectly well and strong; but he never seems hungry, and every one thinks he looks "sickly." He has never been really sick in his life, not even with a head cold that lasted more than a day or two. He has four meals, 7 and 10 A.M., and 1.30 and 5 P.M. He sleeps from 6 P.M. until 6 A.M., with a nap of one hour in the morning. He had sixteen teeth at nineteen months and walked at fourteen months. He is not backward in any way and very strong in running about. The physician says he lacks muscle, as his ankles are not quite strong, but says that is nothing but what he will outgrow. Now, can you tell me what more I can give him to make him grow

fat and look robust? He has never had any butter, vegetables of any kind except potato, and no fruit except a very little orange juice. Would the fact of my eating very little before his birth affect his desire for eating now? A.

Massachusetts.

In the first place we may say that we see no need of any change. If a child takes two quarts of milk and some bread he is getting enough. His weight is good enough. But as cold weather comes on it may be well to try to get him to take a little more varied diet. We think that if you will get the little *BABYHOOD* pamphlet by Dr. Holt on feeding after weaning, you will get some hints that will be helpful. We do not think that any special ante-natal cause for his peculiarities of appetite need be sought for now. He probably has a rather feeble digestion, and probably also is one of those conservative babies, often met with, who dislike change of diet.

Buying a Cow for the Baby.

To the Editor of BABYHOOD:

As we contemplate buying a cow what breed would you recommend where milk is to be fed to infants? J. D. B.

Minneapolis, Minn.

It makes small difference if the cow is thoroughly sound. It is believed, however, that the hardier varieties, or mixtures of fine with common stock, are less liable to illnesses and to variation in the quality of their milk than the finer and more beautiful breeds.

Condensed Milk for a Long Journey.

To the Editor of BABYHOOD:

I am contemplating taking a journey of seven days, by cars, with two young children, aged four and two and a half years, who have depended upon good cow's milk for diet almost entirely since weaning. I cannot get milk for at least two and a half days of that time and then of uncertain quality, and to carry enough sterilized milk for that time would be well nigh impossible owing to bulk.

- (1) What would you advise doing?
- (2) Will children who have always been used to the purest and best of milk drink condensed milk at all even if hungry?
- (3) How should it be prepared, that is if you recommend it?
- (4) Is there any unsweetened brand in the market?
- (5) What simple medicines should be taken for their use? A MOTHER.

California.

(1) If sterilized milk is really out of the question, condensed milk is about all that can be had under the circumstances.

(2) Yes, at least most will. The so called "blizzard" of March, 1888, cut off the city of

New York to a great degree from its milk supply for several days, and at that time the change was forced upon many children and it was generally accepted without much murmuring as far as we observed, even when the best of milk had previously been used.

(3) It should be diluted to about the consistency of good milk.

(4) Judging by taste alone we think the Highland Brand, made at Highland, Ill., to be unsweetened.

(5) Practically none. Possibly a laxative may be needed.

Quantity of Food at One Year; Clothing for a January Baby.

To the Editor of BABYHOOD:

(1) My baby, eleven months old, gets 4 ounces of sterilized milk with 2 ounces of oatmeal water every three hours during the day, and being a *BABYHOOD* baby of course sleeps all night without waking, besides having two nice naps during the day. Do you think I should commence to increase the quantity of the milk? Baby weighs 19 pounds and is perfectly well.

(2) How should an expected January baby be dressed? *Kansas City, Mo.* W. J. B.

(1) The baby can probably take larger doses of food if it wants it, but he is evidently well nourished now.

(2) A January baby will be a house baby for months and the indoor temperature will be sufficiently warm. Therefore no change from the dress *BABYHOOD* usually advocates seems needed.

Washing the Scalp; Sugar as a "Bribe;" Weight of Food for Single Meal.

To the Editor of BABYHOOD:

Although my baby is almost a year old, I continue to wash his head every morning. His hair is growing heavier and he objects very much to the process of rubbing it to dry it. I give him small quantities of sugar when he cries out, because he is displeased sometimes, or because he wishes to remain with some particular person. He is so fond of the sugar that he is at once quieted. He is perfectly well. Will *BABYHOOD* please inform me—

- (1) If I should continue to wash his head daily?
- (2) If sugar given in small quantities is apt to prove injurious?
- (3) How many ounces of food should a healthy child of one year consume at a single meal, say, sterilized milk and oatmeal gruel mixed? *Washington, D. C.* X.

(1) If the scalp is quite healthy it is not absolutely necessary.

(2) Sugar sufficient for the needs of growth of a child is found in breast milk and nearly or quite enough in cows' milk. Additional sweetened

food is injurious to many, we think to the great majority of children. Sugar should never be given except with food at a stated meal, and this rule we insist on for children of all ages as covering the candy question. But far beyond the injury to the child's digestion by the sugar is the injury done him by the process of bribery, which in this case takes the place of discipline.

(3) About eight on the average.

Four Meals Sufficient.

To the Editor of BABYHOOD:

I should be very much obliged if you would kindly tell me if four meals a day are sufficient for my little boy of ten months? I feed him at 6 A.M., 10 A.M., 1.30 P.M. and 5 P.M. He goes to bed at 6 P.M., and sleeps soundly for twelve hours. He is thoroughly healthy, very bright and intelligent; has never been sick, or even had a colic in his life; has only four teeth; cannot stand alone, but crawls everywhere; he is out of doors nearly all day long, and takes an hour and a half's nap in the middle of the day. I give him Mellin's Food, two tablespoonfuls of the food to half a pint of milk each time, so that he takes a quart of milk during the day. Is this enough? He is so well that I do not wish to change, but I find my friends feed their babies late at night, and think that I let mine fast too long. Should I wake him to feed him, and at what time? Will this diet be sufficient for him when he is a year old, or shall I add to it, and what should I give him?

AN INEXPERIENCED MOTHER.

West New Brighton, N. Y.

The weight is not stated, but the other data suggest good nutrition. It is true that most children take more food, but we see no reason why a child who is content with four meals should be made to take another. Indeed, from experience, we believe that many children do perfectly well on this number. And the general rule, as we often have said, is that many more children are overfed than underfed among the well-to-do classes. The amount taken will probably be enough until cool weather, and perhaps even then will do.

Hard and Soft Water as Affecting Teeth; Quantity of Food; Diluted or Undiluted Milk.

To the Editor of BABYHOOD:

This is my first year of BABYHOOD, which I read with the greatest interest from cover to cover, advertisements and all. I see so many other mothers get helpful information that I want to ask your opinion on two points. My little girl is ten months old, and was only nursed a few weeks. So far as I can see, she is in the most exuberant health and spirits. She is not very fat, but seems to me plump enough. She cut her eight front teeth without trouble when she was eight months old, but has had no more since. She seems strong, stands firmly on her feet by the chair, and creeps rapidly. She has a

regular movement of her bowels every morning usually in her chair, and takes two good naps in the daytime, and sleeps from six in the evening till six in the morning, with a feeding at eleven, and usually one between three and four in the morning. What I want to know is, if I am feeding her right, and if there is any way of insuring her good teeth? Her father's are perfect, mine fairly good. I was told by an English friend that Americans have poor teeth because they drink soft water, and to give the baby hard water. Then as to her food. She is outdoors a great deal, and is always ready for her food when she sees it, and it seems to me she takes a good deal. Her eight-ounce bottle is prepared as follows: A heaping tablespoonful of Mellin's Food to three-fourths of a pint of hot water, and three or four tablespoonfuls of milk in the day, and a tablespoonful of condensed milk at night instead of fresh milk, for convenience. Of these bottles she takes seven in the twenty-four hours, about as follows: 6 and 9 A.M., 12 M., 3, 6 and 11 P.M. and 3 A.M. Often she wants more than a bottle full, and occasionally not so much.

(1) Is it desirable to use hard water, and how can I get it?

(2) Does she need any change in her food, as to quantity or quality?

(3) Would milk alone be good food, undiluted, and without the mixture of Mellin's Food?

New York City.

E. E.

(1) If you use Croton you use a sufficiently hard water. The objections to the remark of your English friend are these: It is not proven that, *on the whole*, the teeth of Americans are less good than those of their neighbors. We have more dentistry done because we have better opportunities for good dentistry than any—or all—other nations. We save teeth instead of extracting them. Secondly, Americans as a rule do not drink particularly soft water. Water that is particularly hard, like that of limestone countries, is not the best for drinking. It is the old story of making a doubtful statement, and explaining it by an untenable theory.

(2) We cannot say absolutely. You describe her as in excellent health and that—if the observation is accurate—is a good test. But, if we count rightly, taking the condensed milk as the equivalent of one dose of ordinary milk, she has seven times "three or four tablespoonfuls" of milk in twenty-four hours. That is to say, twenty-one to twenty-eight tablespoonfuls, or 10½ to 14 ounces, in any case less than a pint of milk daily, which seems to us very little for a child of ten months.

(3) Milk undiluted may be taken by some children of ten months. Most, we think, do better if it be somewhat diluted. If you have any real doubt about your baby's condition, why not ask your physician's opinion?





NURSERY OBSERVATIONS.

Dame Durden in an Italian Nursery.

ALL her life Mamsey had been longing for a dear little baby-girl for her very own, so you may imagine how pleased she was when Bonnie came.

Such a cuddlesome little thing as she was, too, and from the first she and Mamsey seemed to understand each other perfectly. Now she is eight years old and such a wise little woman, so helpful to others, so philosophic and cheery, that among other pet names, we often call her Dame Durden.

I will tell you some of the things she does: She dusts the parlor and Mamsey's rooms, makes her own little low bed, sets the lunch-table with help from the boys, sews on her own buttons, and every Saturday afternoon gets out clean underclothes and stockings for herself and brothers, and puts the children's bureau in order.

She helps Mamsey with the twin babies; but just here comes in a difficulty, for Bud always wants Bonnie's dollies and Star lays claim to Folly's treasures. It seemed an insurmountable difficulty, until one day, after a cosy talk with Mamsey, we all decided that we loved our darling babies so much better than dolls or tops or even than microscopes, and prisms, that—well! there never was any difficulty any more.

One day we were buying oranges under an arcade of the *Mercato Nuovo* (New Market), and Mamsey's hands were so full of packages that Bonnie must needs carry the fruit. Old Mona Pia, the fruit-vendor, put the oranges into two paper bags which Bonnie held, one in each arm, pointing up over each shoulder. Suddenly she began to laugh:

"See, Mamsey!" she cried, "I've got twins! This is just the way nursey carries our babies!"

Dame Durden's dearest friend is a little blonde Italian girl, called Daisy by her American Mamma. What happy hours when Daisy comes! Then, indeed, there are great times with the dollies, for Bonnie deliberately fastens her door, shutting out the babies, and no less the Herr Graf, who lolls on the sofa or stands on his head showing a dejected countenance, because when Daisy comes he expects to play papa to the dollies.

After a time Bonnie's hardness of heart melts,

the door is thrown open, Graf and the babies rush in, when speedily ensue confusion and general demolition. First Bonnie scowls, then folds her hands resignedly, tosses her ruffled locks and observes philosophically:

"Never mind! I never did care much for dollies anyway."

But the best fun is when Daisy brings her cook-stove and Bonnie gets out her tea-set. Mamsey donates chocolate and bonbons, cook gives sugar with rice and flour, Gava (the babies' new name for Granny) presents an orange or two, and nursey, somewhat reluctantly, furnishes fuel for the spirit lamp. Presently the small cooks transform themselves into pretty waitresses and serve us with thin orange soup and tiny cups of over-sweetened chocolate, both of which we never fail to pronounce delectable.

One day Daisy arrived with baggage enough to go to Switzerland. Literally, she had taken up her doll's bed, and then found it impossible to walk with it in her arms. So Juno, the Tuscan maid came with her to help, and until the two baskets, three packages, numerous dolls with their wardrobes and the bed were all unpacked, there was great work in that small room of Bonnie's. Daisy's kind auntie had given her the pretty bed for Christmas, and Bonnie admired it with all her heart.

Next day Daisy began suggestively: "If Bonnie had a bed just like mine—oh, Auntie."

"Which would be happy, you or she?" asked her Auntie, smiling.

"Both of us!" was the prompt reply, for these two dear little girls are devoted friends.

So the kind Auntie bought a second little iron bedstead, and gave several hours of dainty handiwork to the fashioning of mattresses and pillows of pale blue sateen, while the sheets and pillow-cases were of fine linen, delicately hemmed.

Daisy herself made the coverlet, crocheting it of pink and blue wool with a pretty lace-like edging. She worked industriously, scarcely stopping to eat, and her cheeks flushed with fatigue. But it was finished at last and brought to us one evening after Bonnie was asleep. Daisy's message to Mamsey was most earnest:

"Please put it in Bonnie's room, so that it will

be first thing she sees in the morning; and please, *please* don't wake her up to-night to tell her." Just as though Mamsey would.

Bonnie's delight on New Year's morning was worth seeing, for there to greet her waking eyes stood the dainty pink and blue bed, with a Christmas card pinned to the coverlet, upon which was written in large, round letters:

"For dear Bonnie, from her loving friend, Daisy."

Daisy's hair is honest little Bonnie's admiration. It hangs over her shoulders in a cloud of wavy light and sparkles in the sunlight as though here and there it were threaded with gold.

"Daisy has such pretty hair!" said Bonnie. "Mamsey, will you please not cut mine any more; I should like it to grow."

Bonnie's hair had been cut because it was thin and straggly. Mamsey had waited until the last little golden gleam of her babyhood had gone before cutting it; but now she likes it best close-cropped, for the small head itself is well-shaped, and close-clipping seems to suit best with the aspiring nose and mutinous mouth. When Bonnie was a baby girl, Mamsie pinched her nose one day, asking:

"Where did my girlie get such a funny little nose?"

The answer came lightning quick in German, which was Bonnie's first language:

"The dear God has it me given, and thus I will it then keep!"

But to-day Mamsey answered: "Yes, dear! we may try letting it grow, but for many months it will look rough and untidy. Besides, Bonnie, you know it will never be blonde and curling like Daisy's."

However, it is growing fast and promises to be thick and long some day in the future, but now—well! when rumpled all over her head we call her "Shetland-pony;" and when flattened down over her ears there are moments when she looks like a very unshorn little sheep.

When slim little Bonnie is clothed only in her long white nightgown, she sometimes stands up in bed to wind her arms round Mamsey's neck while Mamsey holds her in a close embrace.

"My dear little Niobe's youngest daughter!" said Mamsey one night, laughing.

"What does that mean?" asked Bonnie making wide eyes.

"Don't you remember the beautiful statue of Niobe in the Uffizi Palace? How a little slender figure clings to her and the drapery

is sculptured so delicately that it seems as though the folds of a fine linen robe were falling over the child's fair limbs."

"Oh! I remember!" cried Bonnie. "And she hugged her mamma *tight*."

"Yes! and Niobe hugged her," replied Mamsey with a kiss.

One evening not long ago, Bonnie and Daisy were playing together, when suddenly Daisy ran to her father, jumped upon his knee and pressed her sunny head back upon his shoulder, while he passed his arm tenderly around her.

Bonnie looked thoughtful, and later in their own room she said to Mamsey:

"When I saw Daisy do that, I wished I had my dear pappy, so that I could sit in his lap!"

Tears and smiles strove together for the mastery on Mamsey's face; poor Mamsey who tries to be happy even now, as well as she can. She could not speak, but she took the little white-gowned figure in her arms and petted and kissed and hugged her. Bonnie laughed contentedly, and said:

"Oh! my little Mammina, I feel just like Niobe's youngest daughter!"

Florence, Italy. JEANIE PORTER RUDD.

A Cure for the Green Apple Habit.

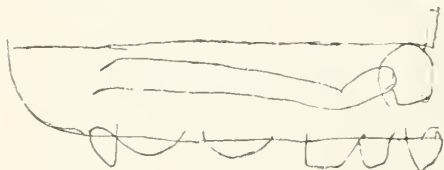
LITTLE Charles, aged four, was a dear little fellow; but ever since the first green apples had appeared on the tree in the back yard he had contracted the very bad habit of eating the indigestible fruit. His papa had punished him repeatedly by shutting him up, tying him to the piano leg, and finally by whipping him; but immediately after any of these inflictions, with the tears still in his eyes, he would deliberately go to the yard, pick up and eat the green apples. His father even used the horsewhip, but to no purpose; and then he gave up, saying, "Well, I shall not whip him to death, by whatever other means he may seek it." His mother felt that something decided must be done at once. An inspiration seized her one day as she saw the little fellow attacking the green apples with voracious appetite. She walked up to him, seized him by the arm, and in a firm, impressive voice said, "Charles, I shall have to *twist* your leg." Without another word she hurried him into the house, up the stairs into the stillness of the spare room and laid him on the bed. Slowly, with a set face, she took his leg and by firmly grasping the muscles she gave it a twist. Little Charles,

overawed by the suddenness, the seriousness and the unexpected form of the punishment, was completely overcome, and it is needless to say that he ate no more green apples. R. F. R.

Ann Arbor, Mich.

A Very Critical Young Artist.

LITTLE Dorothea has always been a very close observer. All children are apt to be, a fact which we do not always sufficiently realize. Sometimes we are rather startlingly confronted with the fact when we hear some of their comments and see some of their actions, for they learn and copy what they see and hear. Her, Dorothea's, quick observation has been a constant source of amusement and admiration to those who love her, and a rather unusual power of application and deduction increases our pleasure. When she was but little more than a year and a half old she saw the picture of a fakir clothed very simply in breech cloth and turban; after looking at it intently for a while, she planted a firm little finger on it, saying: "Do home—co'es (clothes) on—'en da da!" She has always been very fond of looking at pictures and quite as much so of having them



made for her while she watched the operation; her little head frequently, in her absorption, coming so directly between me and slate or paper that the sunny brown crown would be all that I could see. Children learn much through pictures, often knowing at once and by name things they have never before seen, because they have seen the picture representations. This little lady, however, early began to be very critical of the pictures drawn for her, her comments beginning with her use of language and increasing with the increase of her vocabulary. From the first she objected, no matter how minute the figures or objects drawn, to babies without eyes, or shoes without buttons, to bonnet's without strings, and, indeed, to babies without papas and mammas. "Attie" (auntie), she would say severely, "babies *have* to have mammas and papas." And "Attie" always yielded this. She never willingly countenanced any omissions from what she had noticed as the usual and established order of

things. For some time she has been making pictures for herself—although she is not so well satisfied with her own work, being unable to make them tally with her ideal. However, she succeeds in making them have sufficient resemblance to the thing intended for them to be recognizable; which is, after all, a greater attainment than some of us who are her elders can claim. I enclose two of her sketches, not that they are the best—it seems impossible to get the best, as they are generally drawn on the slate and erased by their author almost at once. One of these she drew to show some unfortunate people, who did not know "sick auntie," how



that person looked. I outlined it on thin paper from the slate on which it was drawn. It shows the lounge, the pillow, and the long, slender form of "sick auntie" reclining thereon, and, it must be admitted, represents them very funnily; but the idea is there and a certain coherency of detail which manifests a conception of her plan. The other sketch was prefaced by, "Mamma, now, I'm going to make a flower," and in a few moments she brought the second sketch to her mother, and it really quite strongly resembles some flowers her mother was then embroidering in Kensington stitch on a square of plush.

Brooklyn.

M. F.

Trials in Self-Control.

I AM much interested in the article entitled "Lessons in Self-Control" in a recent number of *BABYHOOD*, but I sigh as I read it. That mode of discipline fails frequently with my three-year-old boy. When he was younger it nearly always served, but as he grows older, more and more often it fails. Frequently, when asked if he would not rather be the good boy that makes papa and mamma happy, than the crying, naughty boy that makes them sorry, he chooses to be the naughty boy " 'cause my like to."

In some things he accepts without question my decisions, in others only when he finds he must do as he obeys. There is an uncertainty far from delightful in dealing with him. I never know

whether I am to be obeyed or not when I speak to him. Recently I said: "No, darling, don't hit the chairs," and I received the reply: "Yes, my *wants* to bang against." He then stopped without further remark from either of us, and it is often so. Often he obeys at once, often only when forced. Corporal punishment I do not use, chiefly, perhaps, because it did no good when tried, and, also, as I feel it wrong to whip just because I have the power. My chief dependence is tying the hands for willful meddling and disobedience. The "unbendable will and elfish love of mischief" that are spoken of in the article referred to describe my boy also, only in his case they are his inheritance—mischief from papa, will from both parents. My hourly problem is how to train this will and a sturdy persistence and independence aright. Very often I fear that I am making great mistakes. These very qualities if trained aright will be invaluable to him in his after life.

There is one other point, his irresistible desire to ask all sorts of questions. None of the sketches of the irrepressible child that the humorous papers so often publish are over-drawn. Our little man can ask more still, only it isn't funny to me. I answer them all, but it seems often useless, for "what for" comes right after the reply, and then it is "what for, what for." Shall silly repetitions of the same question be answered? Papa says, "No," and has adopted the plan of answering once and then saying "Cow" at every repetition. Then our hopeful will give the correct answer to his own question and say, "Don't you know it, Papa," the eyes dancing with merriment all the while.

The theory that if you always tell the truth to children they will believe you, I find does not prove to be so with this child. He almost invariably doubts my word, and neither his father nor myself have ever deceived him. W.

Reading, Mass.

Our Little Elsie.

WHENEVER I read accounts of the smart sayings and doings of children, Elsie's mamma exclaims contemptuously:

"Pooh! that's nothing. Elsie is a great deal smarter than that."

Possibly she may not be a proper judge, but a good many of her friends and neighbors agree with her.

One of those who so agree is Elsie's grand-

mother. When I saw her, after her first visit to the baby, then about two weeks old, I remarked laughingly:

"Well, I suppose Elsie looks like all other babies."

Grandmamma hesitated and smiled. "No, she isn't, exactly. Her mouth is not like a round O, and she keeps it shut as tightly as a grown person does. Besides, when we spoke, she turned her head from one to another, as if she were listening. And then, her hair is long and thick."

Her mamma wrote this description of her appearance at two days old: "She had great, dark, lovely blue eyes, and her hair was like little rings of fine golden-brown silk, her skin just like velvet." In fact, she was exactly described in the "St. Nicholas" song she afterward liked to hear her aunties sing:

"Now, who should know where pansies grow
So well as little Elsie, O?
As deep her eyes as purple skies,
As soft as velvet is her chin;
And I've been told her heart is gold,
By some one who's been peeping in.
So who should know where pansies grow
So well as little Elsie, O?"

Grandmamma taught the tiny baby to drink from a cup before she was two weeks old. At less than seven weeks, she was taken on the railroad to visit her grandparents, and proved a good traveler. She showed an absorbing interest in the painted and gilded ceilings of the city house, and in the picture frames. About a month later, as she sat up against the pillows, auntie came to the foot of the bed and whistled to amuse her. It was then that she first laughed out loud.

At four months old she sat in her little wicker chair, and played with her toys. Mamma would say: "Where's Elsie?" and look around the room for her. After watching in amusement for a few seconds, Elsie would give a little gurgling laugh, and mamma would turn to her, exclaiming: "Why, there she is!" This never failed to please her.

But I might write half a book on the baby's history—a book possibly easier to write than to read. When she was fourteen months old the doctor called to see her mamma. While they were talking, Elsie kept putting her tiny finger to her swollen little gums, repeating earnestly: "Mamma, mamma," till mamma asked if she would like the doctor to see her sore "teef." She said: "Yet," and quietly allowed him to feel the gums, though she refused to let even mamma

touch them. She afterwards permitted him to lance them without a struggle. She showed a great fondness for doctors, and called her uncle "Dokker Bain," though his name was something quite different.

She has a great passion for music. Even as a tiny baby, she stopped crying when she heard "Hold the Fort." She had the good taste to like Aunt "Detsie's" voice, which was very sweet and powerful, better than that of her other auntie, but was best pleased when they sang together. One of her favorite songs was :

"Last night when I was snug in bed,
(What fun it was for me!)
I dreamed that I was Grandpapa,
And Grandpapa was me.
And I went walking down the street,
And he ran by my side;
And 'cause I walked too fast for him,
The little fellow cried.
And after tea I washed his face,
And, when his prayers were said,
I blew the candle out and left
Poor Grandpapa in bed."

She would march about the floor, as soon as she could walk, shouting, "Ganpapa me!"

One morning she waked suddenly, and, pointing toward the young ladies' school next door, said, "Girls in there la-la"—that is, play on the piano. She was visiting a friend with mamma, when a musical clock rang out the hour. Elsie looked at it in wonder, and exclaimed, "Tick-tock, la-la."

She was only three months old when her first Christmas Day arrived—too young to take much interest in the event. But when the next Christmas came round, she pulled the toys out of her stocking with great delight. There was a toy sheep, too large to go into the stocking and having very elegant gilt horns. These did not seem to agree with Elsie's notion of what she called a "baa" and she soon pulled them off. A few nights later, looking up into the dark blue winter sky, she saw the bright horns of the young moon, and thought they were the gilt horns of her "baa."

Soon after this she learned that when mamma was going to church, she could not go with her, and must not cry to be taken. From this she concluded that whenever mamma went out without her little girl, she went to "church," and accepted the situation cheerfully. When about twenty months old she began to attend quite regularly the meetings of the Christian Endeavor Society of Papa's church. Seeing that the people wore their best clothes, she called any particularly nice garment a "Kitten Endeador" dress. She would say, "Etsie go Kitten En-

deador" and "Etsie keen dess" (clean dress); "Etsie goo' girl at Kitten Endeador." One morning, while looking at her big picture-book, she pulled it over her head like a sunbonnet, calling out from under its shade, "Dis Etsie hat! Etsie go Kitten Endeador dis hat!" which made mamma and auntie laugh.

Grandmamma and another lady spent an evening in making shadow pictures on the wall for Elsie's amusement. The lady visitor held her hands so as to form the shadow of a dog, which opened and shut its long mouth slowly. Elsie was greatly delighted, and urged auntie to put a finger into the mouth and pretend to be bitten. Presently she ventured to put her own finger in, and drew it back, laughing. She had a cracker in her other hand, and of her own accord she thrust it into the mouth of the "bow-wow," and watched him munching it. Then, advancing her laughing face close to the wall, she asked: "Dat good? dat good?"

Grandmamma was sick several days. The first time she came down to dinner, Elsie ran to the dining-room door to meet her, took her hand, and led her around the table to her chair, exclaiming, "Etsie *he'p* ganmamma!" Once when she was crying, mamma said, "Grandmamma will hear, and will be sorry that Elsie is a naughty girl." Elsie stopped crying, and called out loud, "Etsie goo' girl now," adding: "Ganmamma hear dat too."

Grandmamma was troubled because she cried when bedtime came, and recited to her the old nursery rhyme beginning, "I do not want to go to bed, Sleepy little Harry said." Elsie liked it so well that she asked for "'tittle Ha'y" when she felt sleepy. Grandmamma also taught her to play with her blocks, sitting on her high chair at the table, and to put them all away in their box when "sleepy-time" came. Then she would call, "B'ocks all away! Now go bye!" and with a goodnight all around go upstairs contentedly with mamma.

One day two little girls came with their mamma to take tea. The younger, being tired and sleepy, cried because her mamma would not give more chicken. Elsie watched her with grave amazement, and finally remarked:

"Dat 'tittle girl to go bye. Ganmamma say "'tittle Ha'y" to her."

Once, when somebody was sweeping a room, there was a knock and Elsie's voice called, "Open de door!" The door opened, there stood the baby holding her small broom with an air of importance.

"Etsie he'p," said she, "I heep." That is *sweep*, for *h* has to do duty for the letters she cannot pronounce—*s* and *f*.

When about twenty-two months old, she came into grandmamma's room holding a stick and began to play carpenter, tapping on the bureau here and there in a workman-like manner and talking to herself.

"What is she saying?" asked grandmamma. "It's poetry."

In fact, she was reciting as best she could the nursery rhyme beginning, "Thank you, pretty cow."

This is what she said:

"Tanka, pitty cow, made
Puzzunt mulk hoak a b'ead,
Evvy morning, night."

Soon she improved this to

"Evvy morning, evvy night,
Poor and heet and het and hite."

At about this time she had her picture taken. A few days later she caught grandpapa's hand and pulled him toward a low chair. "Ganpapa hit in 'at chair, have oo pitter taken. Ganmamma hit in 'at chair, mamma in 'at chair, have oo pitter taken." Running behind a curtain, she soon came running out again and showed her extended palm, saying, "*Dere*, oo pitter taken. Dat good!"

Elsie's dear "Aunt Detsie" was very very sick. At last mamma told Elsie that Aunt Detsie was tired and God let her "go bye." Elsie saw her lying asleep, dressed in white and with pretty flowers in her hands. "God put her bye," said Elsie, "dear God!" She often kissed "Detsie's" picture and said she had gone up in the sky to God. Two or three months after, mamma told her a story of grandpapa, when he was a little boy and fell off a donkey.

"Poor 'ittle ganpapa!" said she. Then, quoting from her favorite song, "'ittle hellow c'ied."

"After tea washed *hace*,
'Hen he p'ayer haid,
B'ew a candle out and 'eft
Poor ganpapa in bed."

Mamma said, "Dear Aunt Detsie used to sing that to Elsie."

The little girl went on in the same cheerful tone:

"Pitty howers (flowers) in handies. Gone up in 'ky to God. God love me. Bible tell me ho."

One of Elsie's best friends was the girl in the kitchen, whom she called "Becky." This was nothing like her real name, but a pure invention of Elsie's. Before Elsie was two years old a man came one evening, and Becky, wearing her best dress, came with him into the parlor, where occurred the first wedding Elsie ever witnessed. Becky kissed Elsie and cried, and then went away with the man. Elsie felt badly about this and would say very earnestly to her auntie, "*Don'* go away 'ith a man!" Auntie answered seriously, "No, Elsie, I won't." But when she said, "Ganpapa, *don'* go away 'ith a man!" grandpapa laughed so hard that she didn't know what to make of it.

Auntie's hair was long enough to fall below her waist, so it was quite a surprise to see it cut short and curling closely about her head. Elsie did not altogether like it, and auntie asked:

"What shall we do? Shall we put it on again?"

"Yet, ma'am."

"How shall we do that?" asked mamma.

"Put a hat on," said Elsie.

On her second birthday she had a present of a new doll. Holding out both arms for it, she shouted:

"New dolly have tootles!" (teeth).

She named this doll Lillie. A dentist had made mamma's tooth ache, and Elsie expressed many fears that somebody might "hurt Lillie's tootles."

When grandpapa came in one wet day Elsie pointed to his foot, saying, "Oo got *homehing* on oo 'hoe, ganpapa."

"What does she say?" asked grandmamma.

"I've splashed my boot," laughed grandpapa, "and she is pointing the finger of scorn at it."

"No, ma'am," corrected Elsie, "it not a corn. It a bit a mud."

Once grandmamma was taken suddenly ill. Papa and mamma helped her to a bed and hurried to bring camphor and hot water. Elsie stood quite still at a distance until grandmamma seemed to feel better; then she brought her beloved Lillie and thrust her gently into grandmamma's arms, saying, "Lillie lie ahide ganmamma." Dear little girl! She thought that the best of comfort. Then, running to her little chair, she dragged it to the bedside, sat down, and, holding a fan at arm's length, patiently fanned grandmamma for a long time.

AGNES L. CARTER.

New York City.



CURRENT TOPICS.

The Real Function of the Kindergarten.

It is not yet generally recognized that the younger a child is, the more important is the training which he receives. Froebel realized this fully, and wisely applied himself to working out in detail a good system of training for very young children. In our time a system of wholesome training for children between seven and fourteen is still urgently needed. It is beyond the scope of the present paper to enter into detail as to what this training must or must not be. But some points may be mentioned: (1) There must be the regular performance of some kind of useful work suited to the age and capacity of the child. (2) Book-learning must be given up in the case of any child to whom it cannot be made pleasurable. (3) Prizes must not be given for success in school-work, nor punishment for failure. (4) The natural love that children have for games must be taken advantage of, so as to cause a healthy development of the moral nature, the physical powers, the imagination, etc. (5) The energies of the child must be fully as well as harmoniously developed, and the child's growth must not be stunted by too easy work. (6) A love of nature and of all forms of beauty must be stimulated and encouraged.

The difficulty of establishing a natural system of education is much increased by the anxiety on the part of parents to see at every point evidence of their children's progress. This natural but inconvenient wish has prevented the *Kindergarten* system from coming more generally into use, and unless parents can be induced to place more confidence in the capacity and judgment of teachers it is to be feared that it will also prevent the introduction of improved systems of training for older children. In inspecting schools for young children an examiner should make it his business to find out whether they are being taught in the right way, not whether they have reached a high standard of book-knowledge. The latter is of little or no importance; the former is all-import-

ant. We should not hear so many protests against examinations if examiners knew how to do their work rightly. At present examiners think it is their business to find out what the children know, and so long as that is the case examinations will not be satisfactory. Are the children's minds in a healthy state and are their faculties being drawn out in the right way? These are the questions that need attention. An examination should be so conducted as to avoid developing self-consciousness and other morbid tendencies. We want to teach the children to be, not to seem. More freedom is needed for both teachers and children. Perhaps it may not be thought safe to grant the freedom; that has often been the case in history, and yet the grant of freedom has been generally justified by its results.

As in intellectual work, it is very important not to make too large demands at first upon the powers of the child. The development of his powers must be gradual and will then be pleasurable. If a feeling of despair is allowed to arise, progress becomes impossible until the happiness of the child is restored by encouragement. Pleasure and trust in the teacher are necessary conditions of development. Nothing satisfactory can be accomplished by a teacher without close sympathy with and love for the child. An attempt to further the development of a human being by harsh rule and stern command, with threats of punishment, is like pulling the branches of a tree to make them grow. If the tree be firm and strong, no effect is produced beyond some slight damage to the branches; but, if the tree be young and tender, its delicate roots are bruised and broken. Growth does not come by force. The right conditions must be supplied, the right food offered, and then the growth will take place naturally and freely. It is most true, as Froebel points out, that plant life teaches many lessons about education.

In child-nature there is an infinite variety, and

sympathy with the special needs of each individual is necessary for right development. We want to lighten somewhat the pressure of custom, which lies upon us with a weight

"Heavy as frost, and deep almost as life,"

and to bring out in every child something of that fresh originality of mind which, when it is found, makes even ignorant persons agreeable companions and useful members of society, and which is also the first condition of brilliant success in all work.

Nature is a great healer and sets many crooked things straight. A child's mind, when working under reasonably free conditions, seizes upon that which it requires and disregards that which is unnecessary or hurtful. There is some tendency on the part of teachers in the *Kindergarten* not to realize this quite sufficiently, and consequently to make their system a little too artificial. It is not satisfactory to bind one's self down too rigidly to one method, however good. The laws of mental development are at present very imperfectly understood. Growth often takes place in unexpected ways, or does not take place when we should expect it. The order of development is less rigid and more variable than is sometimes supposed. If this were not the case there would be more difference than there is at present between a child educated in a *Kindergarten* and one educated in a well-ordered home. In the home the objects present themselves to the child without any fixed order—he tumbles into knowledge; and this want of system is not without its advantages, seeing that we cannot make our systems perfect. Even if a definite system be pursued, some time and opportunity must be given at all stages of education for this chance development. In a home where a child is allowed, under the care of some educated person, to investigate the objects around him and the natural and artificial processes which are conducted in the house and its surroundings, much healthy development may take place without any fixed system. But a life which is limited to the nursery, with artificial playthings and a daily walk by the side of a perambulator, is eminently unsatisfactory. An ignorant nurse has no idea of the kind of sympathy and help a child requires. Even when she is fond of him she interrupts the workings of his mind with rude laughter. She does not understand how to speak the truth, though, if convenient, she will stigmatize an unintentional misstatement as a lie. She will capriciously surround

him with vexatious restrictions, yet will develop self-consciousness and selfishness by flattery and over-indulgence. This is not a promising state of things; but a determined child, especially if he be fortunate enough to have brothers and sisters, will modify it somewhat by engaging in active and healthy play whenever he can elude the vigilance of his nurse, who is full of anxiety about the state of his clothes, and disapproves of most kinds of games. In a house where a reasonable amount of freedom is allowed, and where the children are intelligent and active in mind and body, they will, unaided by their elders, carry on their development by means of games in a fairly satisfactory manner. This part of education is, however, better managed in a *Kindergarten* than anywhere else. Opposing tendencies are woven into harmony by the experienced teacher, suggestions are made when required, and the needs of all the children are duly considered. Every child takes part according to his ability, and no one is forgotten or neglected. The children are perfectly happy, because they are not indulged too much, or over-excited, and the performance is as different from the proceedings at an ordinary children's party as Milton's "heart-easing mirth" from his "vain deluding joys."—*Macmillan's Magazine*.

The Social Training of Children.

It is in the small courtesies that we are most apt to fail, and it is just these which make the charm of perfect manners. Children may be taught to render the little attentions which will be too often forgotten in maturer years if the habit has not been formed in early life. A short note of thanks for any kindness received should be sent promptly, and a letter, always, after enjoying the hospitality of a friend, expressing the pleasure found in the visit. It would seem unnecessary to emphasize these things if so many "children of a larger growth" were not neglectful of them.

A family of charming little girls, whom the writer has the good fortune to know, are sent by their mother to make a call on any of her special friends who may be leaving home, and also to welcome them on their return. It is one way of accustoming them to meet older persons easily and naturally, and helps to form the habit of discharging social obligations.

The whole home atmosphere should be favorable to the consideration of the little courtesies which are as oil to the wheels of daily life. The

pleasant morning greeting, a word of apology for a tardy appearance, and the habit of rising when an older person enters the room, with innumerable other little attentions which a mother should demand from her children, will do much to make them agreeable members of society.

Children may outgrow their parents intellectually and spiritually, but the manners formed in childhood are not easily changed. The surface may become more polished, but in moments of excitement or self-forgetfulness the old tricks of manner or speech will show themselves.—*The Christian Union*.

The Moral Value of Neatness.

ONE of the serious mistakes made by mothers in training their children is in supposing that careful habits can be cultivated in careless surroundings. A ragged or worn carpet, so little valued by the mother that grease or ink spots can be left on it without causing comment, may become a moral calamity. Tying the child up in a bib, and giving it the liberty to spill its food when eating, is responsible for bad table habits in the men and women whom we meet. A child who is made to eat its food carefully, in a room where the furnishings are respected, where a penalty will follow carelessness, naturally acquires careful, refined manners. Many a mother spends more time repairing damages—the results of careless habits, due largely to the furnishings in the dining room—than she would need to spend in setting a table carefully and keeping the room in order, so that its order and neatness commanded the respect of the children. The ounce of prevention is worth several pounds of cure in the training of children, and it is a pity that the ounce of prevention is not administered to the infinitesimal doses necessary in early childhood, rather than in the radical doses necessary to overcome neglect in matters that are never minor—for manners and habits mark the man. A man may be a moral man and eat with his knife; but he would be a more valuable man in the community if he recognized the uses for which the knife was designed and applied it only to those uses.—*The Christian Union*.

To Hope, Eighteen Months Old.

DARLING, with those big eyes of blue,
That stare me gravely through and through
In babyhood's undaunted wise,
Whence came their color and their size?

Did nature, kind to nursling new,
Lend them her speedwell's artless hue?
And did the open eye of day
Teach yours to open the same way?

Half with their gaze abashed I call
Your name or toss the aimless ball,
As counter-charms to rid my sense
Of those twin-fixed stars' influence:

Come, shall I lift you! Round your wheel,
With arms outspread, prepared to feel
My hands beneath them laid, and soar
To spot oft visited before.

Dear, on my shoulder perched so high,
Yet deign with my meek suit comply,
Mix condescension with your bliss,
And bend your cheek for me to kiss!

Nay, listen must I, when you prate
So eager-inarticulate?

What Daniel could interpret, pray,
Those voluble wise things you say?

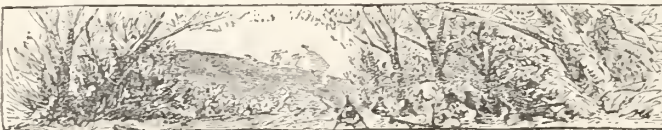
Yet words you have, your little store;
For, see, I poke your pinafore
And cry, "Who's this?" and straight I hear
Your answer, "Baby," sweet and clear.

And when some far piano plays,
With lifted finger and fixed gaze,
A solemn "Hark!" you utter plain,
Rapt listener to an elfin strain!

Then, worldlier busy, dolly's head
You amputate, and earthward shed
Its sawdust soul, with flattening fist,
Small leveler, infant Nihilist!

Sweet hope! methinks for comfort's sake,
As here our toilsome way we take,
The Hand that gave us flower and star
Made you the winsome thing you are.

—W. T. Webb, in *The Spectator*.



Babyhood.

Devoted exclusively to the care of infants and young children, and the general interests of the nursery.

VOL. VII.

NOVEMBER, 1891.

No. 84.

THE FAMILY MEDICINE CHEST.

BY LEROY M. YALE, M.D.

A CORRESPONDENT, who does not wish her letter to go into the problem department, desires to have a list of medicines required in a family medicine case, and the use of each medicine given; and adds, "Also please especially designate what is useful in biliousness in children, * * * *i. e.*, vomiting, with diarrhœa, preceded by coated tongue, bad breath, loss of appetite," etc. We propose in the present article to point out the judicious limits of domestic practice, as well as to note a very few useful and safe remedies and their uses in lay hands.

There are two kinds of family medicine chests. The first kind should be in every house, and may be a simple chest, a cupboard or a closet, as may suit individual convenience. In it all medicines not immediately in use should be kept. Here are to be kept not only domestic remedies but all medicines, safely out of reach of children and careless persons. In our own practice we usually recommend that, beside the druggist's label, another one should be attached to each bottle or package, giving more fully its use and method of administration, or else that a number be attached to the medicine and the same information be written down in a blank book kept for the exclusive purpose in the medicine chest. This plan covers special medicines prepared for special conditions of particular children, and the directions should be written or dictated by the physician. Of such medicine chests we have nothing in particular to say, as they are only devised for making the carrying out of directions more certain, for

safety in case the repetition of the treatment is necessary, and for saving in expense by preventing waste of unused medicines. In practice we find that both patient and physician are content with the arrangement.

But our correspondent doubtless had in mind another form of medicine chest; that is to say, one containing remedies which she could use without medical advice and in accordance with her own judgment. And here we pause to say a few words about the judicious limits of domestic practice, assuming always that skilled advice can be obtained if desired. Any one who has seen much of sickness knows that, especially in acute illnesses, very much, perhaps most, of the physician's anxiety is not in selecting the remedy but in making sure of the nature of the malady he has to deal with. Now, this determination is, except in the simplest cases, usually out of the reach of the domestic practitioner. Occasionally a mother is found who by education is especially qualified, or one who by a natural gift of keen and discriminating observation and a good memory of previous experiences, can sometimes really make a diagnosis. As a rule, however, the facts are but half gathered even by the time the case is serious enough to demand a physician's attendance. This being the case, it is evident that it would be inadvisable to apply domestic practice to anything beyond minor emergencies. To go much beyond this is to fall into a sort of patent medicine method, which has for its central idea the fitting the ailment to a ready-made medicament rather than the reverse. The usual

later result is a more prolonged illness and a larger physician's bill than would have been necessary if he had been consulted at the beginning.

Let us take the condition of digestive disorder described by our correspondent, as it will serve as well as any other as an example. It is true that a medicine judiciously applied will help such a condition, but the chief remedial agency is a restricted and carefully chosen dietary. The use of rhubarb and soda mixture, under the name, in some sections of our country, of "the corrector," for such a condition of the stomach is a recognition of the need of clearing out the intestinal canal to get off the *débris* of undigested food and its results. Proper feeding might prevent the need, and restricted feeding usually will cure the trouble. The symptoms described are probably those of gastro-intestinal catarrh, and are usually occasioned in children by an unsuitable dietary. An unsuitable dietary may consist of articles simple in themselves and perhaps harmless to another person. Thus sweets, too much starchy food, excessive use of bread, too much nitrogenous food, as meat, or the use of meat, eggs, or both with milk, is pretty certain in some constitutions to produce disturbance of the digestive organs, or, in the words of another, they induce one of "the protean forms of gout."

Now we have gone aside to this illustration because it shows that the very condition for which a medicine is asked is one which is better managed with very little drugging, or possibly none at all. Careful feeding is what is needed, and that cannot go into a medicine chest.

To our mind, there is but one kind of medicine chest which should be kept for strictly domestic use, namely, one containing things needed for minor emergencies, surgical and medical.

The household surgeon must be prepared for cuts, burns, bruises, splinters, etc. She should first of all have a tidy receptacle which can be tightly closed and kept as nearly dust free as possible. A top drawer of a bureau will do, a cupboard on the wall or within a closet is better. Have, then, *adhesive plaster*,

either the common yellow kind or the "rubber" plaster, which is on the whole more desirable. It may be had in sheets or on spools. Also isinglass (water) plaster; keep it in a box. Have made and rolled various small *bandages*. For children the ordinary finger bandages of the surgeon, about 1 inch wide and 1 yard and 2 yards in length, are most useful. A few 1½ and 2 inches wide and 2 and 3 yards long will also be in place. They are best made from old sheets carefully washed. If this material is not at hand, a well cleansed cheese-cloth makes good but less handsome bandages. Bandages are useful not only to close cuts and wounds, but to retain all kinds of dressings.

The bleeding of a cut vessel can be generally controlled by pressure. Water as hot as the hand of the dresser can bear effectually stops the oozing of blood from small vessels, and by so doing insures a good sight of the interior of the wound, and permits the removal of any dirt or foreign matter. It is better to make the water aseptic by first boiling it. But it is not necessary to wait to boil water if it be not ready. Unboiled water can be heated to the required heat, and, if no bleeding is to be stopped, cool water may be used, and it may be made aseptic by the introduction of *one of the safer antiseptics*. It is indeed better to add one even to the water which has been boiled. For domestic use, probably the best antiseptics are boric acid (which may be dissolved in hot water, using as much as will readily dissolve) or a solution of carbolic acid. The latter used pure is a caustic, and the solution should be made in advance. A convenient one is 1 ounce of carbolic acid, 2 ounces of glycerine and enough hot water to make a pint. Shake the whole in corked bottles until the globules of acid disappear and a clear solution is made. Then label and set away for use. When used add at least two parts of water, preferably boiling, to one of the solution. This weakened solution, used as warm as can be comfortably borne, can be used to stay blood, and should be used to cleanse the skin around the wound. It is also a comforting dressing for slight burns applied on *absorbent cotton*.

A pad of this cotton may be used over a wound after the adhesive plaster and under the bandage if there is a tendency for the blood to ooze. The pressure of a bandage over the wound will tend to stay this leaking, and the cotton will absorb any blood that does escape. It also takes the place of sponges and, twisted about a stick, of camel's hair pencils, and is better than these things, in that they need thorough disinfection after each using, while the cotton is thrown away or burned after each dressing. It also makes a good protecting dressing for light burns, whether the carbolic solution or some other dressing be used. Wetted in hot water and covered with oiled silk it makes a tolerable poultice.

Bicarbonate of soda, the ordinary "baking soda" of the kitchen, has a place in the medicine chest. In cases of slight burn, dusted over the surface, it often gives great relief. So, too, it does if inserted into the decay cavity of an aching tooth. In weak solution it, as well as the stronger and cheaper carbonate of soda, or "washing soda," when applied to the skin, gives great relief from the itching of prickly heat or of hives. Its internal use as an antacid to correct sour stomach or to relieve heartburn is well known.

Hot water gives great relief in the case of bruises, and, therefore, no drug need be kept for their treatment.

If a pair of fine-pointed, but strong, forceps or tweezers be kept in the case, they will prove of much assistance in the removal of splinters from the skin and from beneath nails. Poking at splinters with a needle or pin often aggravates the trouble.

Old glove fingers saved are often useful to cover dressings and keep them clean, and are usually more comfortable than the impervious rubber finger stall.

Liniments need not be kept. For all ordinary purposes for which such applications are desirable the well-known camphorated oil, or extemporized mixtures of table oil with ammonia and turpentine spirits—articles usually in the house—will do very well. For the sensitive skin of children the oil should compose at least seven-eighths of the bulk of the mixture.

So far the remedies suggested have been chiefly for surgical or external use. A few may be added for internal use.

The *emetic* is always disagreeable, but sometimes necessary. Probably the safest is the wine or syrup of ipecac. It is useful for causing vomiting when indigestible or harmful things have been eaten, if the articles are supposed to be still in the stomach. Ipecac in emetic doses usually quickly breaks up the attack of common croup. The dose is from half a teaspoonful to a teaspoonful, repeated in half an hour if it has not acted. For very prompt action powdered alum (a teaspoonful mixed with syrup or honey) or mustard mixed with syrup and water may be used, but their irritant effects are greater than those of ipecac.

Laxatives or purgatives are occasionally called for, not only on account of constipation, but, and in childhood quite as often, to remove from the intestinal canal either undigested or irritating matter. Often a mild purgative puts an end to an incipient diarrhœa. The fact that castor oil, in spite of its disagreeable qualities, survives and maintains the first place among the milder purges, shows that it possesses other qualities of great value. Another laxative mixture, the rhubarb and soda mixture of the pharmacopœia, has been already alluded to.

It is doubtful if medicines to check bowel looseness in infants beyond these laxatives should be in the family medicine chest. If the clearing out of fermenting or irritating matters and the restricting of the diet do not check the trouble, professional assistance had better be sought. Opiates or medicines containing them certainly are not to be used without specific directions.

Cough mixtures, we think, are better omitted. Simple lenitives, like flaxseed tea, or small doses (1 to 3 drops) of syrup of ipecac, given every few hours, with frictions of the chest with one of the liniments alluded to, will do all the good that can be expected from domestic practice.

Remedies for sore throat are also of doubtful judiciousness. Chlorate of potash has become almost a popular remedy, and if

given in small quantities it will not do harm. If the doses are large this cannot be said. Gargles of simple alum and water or tannin and water are useful in their place, but nowhere is what we have said regarding the necessity of a correct diagnosis more true than in connection with throat diseases. The distinction between the forms that are of slight moment and those of gravity is not easily made without practice. The learning to distinguish them will be worth to the mother more than a medicine chest.

Certain *carminatives*, such as spirit of peppermint or anise, are very useful to relieve pain, especially in the abdomen. They are much more efficient if given in hot water. *Lime water* is so largely used as a part of infant's food that it is hardly to be counted a remedy. But as an antacid it is useful. It can be used in most of the conditions alluded to when speaking of bicarbonate of soda. Mixed with linseed or table oil it makes a good dressing for burns. With the former oil it forms the widely used carron oil.

Many other remedies may be kept in the medicine chest, but their advantageous use requires more knowledge of disease than is commonly to be had in the household. We have written only of remedies which we think decidedly useful; not of those which pass the time of the anxious watcher until the symptoms disappear.

We have not spoken of febrifuges, because we feel that none of the powerful ones, antipyrin, anti-fibrin, not even phenacetin, are safe for domestic use in the nursery, unless the family physician has carefully specified the dose for each individual child, as well as the details of its administration.

Aconite, while a powerful poison, is not, as usually given in the family, dangerous, nor is it as so given useful; it becomes a pass-the-time remedy. Skilfully used it is often very useful; but it is not safe to trust it to the administration of lay hands. In our judgment the mother can accomplish far more good, and with less risk, with the bath than with aconite.



THE CARE OF DELICATE INFANTS AND YOUNG CHILDREN.—I.

BY HENRY DWIGHT CHAPIN, M.D.,

Professor of Diseases of Children at the New York Post-Graduate Medical School and Hospital.

ONE of the most important subjects that can come before a mother is how to properly care for the weak or ailing child. This is a desirable question to consider, inasmuch as a large proportion of such cases may, with suitable management, grow into a healthy, if not vigorous adult life. Even where parents are not strong, much can be done, and extra precautions should be taken, to insure a sound training. The first few years of life are the most important ones

we live, from a physiological standpoint. At this time, the young and rapidly growing organism may have stamped upon it the promise of future strength and vigor, or have started in it the elements of an early decay. The responsibility of parents for the future physical welfare and efficiency of their children is very great and cannot be shirked. Environment may be as powerful a factor as heredity. Let us not forget that while the latter is out of our reach, the former may be potent

for good or evil in our hands. The subject naturally divides itself into a consideration of a lack of vigor in infants and older children.

Delicate Infants.

It may not be at once apparent to the parent that an infant is not thriving; yet it is important to recognize as soon as possible the beginning of such failing, as steps may then be taken to recognize and avoid the cause. The best single index to the condition of an infant is its weight. For purposes of comparison, it may be well to glance at the average conditions of weight in a growing infant. The weight should always be taken shortly after birth, and it will be found that about 7 pounds is the average. During the next three or four days there is a loss instead of gain, which equals about 6 per cent. of the body weight. Following this, there should be a gradual but steady increase. It has been estimated that a vigorous infant should double its body weight by the fifth month and treble it by the twelfth. Dr. Money states that after the fourth day the body grows in weight at the rate of 3 ounces for the second week, 4 ounces for the third, 5 ounces for the fourth, and during the second month an ounce a day is about the right quota of growth in weight. In the third and fourth months about 5 ounces a week is the amount; this drops in the next three months to an average of 3 ounces a week; at about the teething period a slight pause in growth and weight may be noted. The same author estimates that a child in health usually gains 20 pounds in weight and 10 inches in height in the first two years of life; in the third year 4 pounds and 4 inches are about the average additions to the weight and stature. During the next six years the body increases by annual increments of 4 pounds in weight and 2 or 3 inches in height. After ten years the body gains in flesh at about the rate of 8 pounds a year. These data are not given with the idea of formulating an invariable rule, but simply to denote what may fairly be considered an average development. The practice of regular weighings will prove useful as a gauge of general development and a warning of approaching disease. Without

doubt the commonest cause of feeble growth in infancy is withdrawal of breast milk. This may be unavoidable, but in so many cases a little care and patience would be rewarded with success that a mother should not deprive her infant of the breast without the most careful consideration. It is the greatest mistake to at once withdraw the breast milk because a baby is fretful or does not appear to thrive. The trouble may be caused by too frequent nursing. The remedy here is obvious.

Proper Regulation of Nursing

will start many a baby on the way to recovery. The milk produced by the mammary gland varies in strength in proportion to the frequency with which the breast is used. Thus after a prolonged rest there is a lessening of the solids and an increase of water, while frequent nursing by over-stimulating the gland abnormally increases the solids in their due proportion to the water. It will hence be seen that if a baby is nursed too frequently it will get a concentrated, over-rich milk, while if the intervals are too long the product of the gland will be too dilute and watery. The common mistake is in giving the baby the breast too often, so that the stomach is not emptied of the last feeding before a fresh supply is poured in. Not only is the stomach thus deprived of needed rest, but it has to struggle with a milk that is too concentrated, almost like condensed milk. The inevitable result is colic, indigestion, with resultant loss of weight and vigor. This produces the common and melancholy picture of an infant

Starved by Over-feeding.

In response to an inquiry the mother states that the baby is put on the breast whenever it cries. As a matter of fact this fretfulness is probably produced by undigested milk already in the stomach, and renewed nursing only increases the trouble, although temporarily quieting the child. Frequently a baby cries because it is thirsty, and seeks the breast on this account; but milk is food as well as drink, and account must always be taken of the digestive organs. A teaspoonful of cool water is often grateful to an infant, and may prevent a constant and unnatural craving for the breast.

Restricted nursing and a more liberal supply of water would cure many digestive troubles in infants. As a rule very young babies may be given the breast every two hours, and older ones every three hours through the day and not so often at night.

Watery Milk.

There are many cases in which an infant does not thrive because the breast milk is thin and watery. An infant should suckle for fifteen or twenty minutes, and then drop the nipple and go to sleep in a contented manner. If, on the contrary, it tugs on the nipple for half an hour or more, and then continues restless and fretful, although the nursing has been conducted at a proper interval, the milk is either deficient in quantity or quality. This may be quickly confirmed by a loss of weight.

Regulation of the Mother's Diet.

Much may be done to remedy defective breast milk by a careful regulation of the mother's diet. In average cases her diet should be of a plain, nourishing and not too stimulating character. It is a common mistake to indulge too freely in rich articles of food with an idea of enriching the milk. Thus the most frequent fault with breast milk upon which an infant does not thrive is in a lack of fat. But this need is not remedied by a free indulgence in fatty articles of food, as such a diet lessens rather than increases the fat in the breast milk. The fat is increased by taking more freely the lean and digestible meats, such as beef, lamb, mutton and chicken.

Proper Exercise.

Milk may disagree with an infant on account of an excessive amount of albuminoids, caused by the mother taking an abundant diet but very little exercise. This will be remedied by taking physical exercise in the open air. A walk of one or two miles in the morning and afternoon will usually suffice. This exercise should be persisted in just to the limits of a healthy fatigue.

Undisturbed Rest.

One of the commonest causes of faulty breast milk is due to a nervous and fretful condition of the mother produced by want of sleep. Perhaps she has started wrong by giving the baby the breast whenever it cries, and, as a result, every few hours during the night she is awakened and so disturbed that continuous sleep is impossible. Nothing will so demoralize a person as this constant loss of rest. The milk soon depreciates, and the ravenous infant makes matters worse by constantly screaming for more food. Such a condition is best met by taking the baby off the breast during the night and allowing the mother to get undisturbed sleep in another part of the house, one feeding by the bottle being given in this interval. In some cases it may be necessary to give the mother several days' continuous rest in order to restore nervous equilibrium, during which time the breasts may be kept from drying up by massage and the breast-pump. By such care many babies who are deprived of the breast, and so suffer in nutrition, could be kept upon their normal food, and the commonest cause of delicate infancy be removed.

BATHING FOR SICK CHILDREN.

BY SIMON BARUCH, M. D.

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IN a paper which appeared in the May number of *BABYHOOD* the subject of bathing children was discussed with reference to its hygienic purposes. If the views there expressed have found acceptance the

practice of bathing must become a daily habit, whose protective influence will be so complete that after the age of six years the directions given below will rarely require execution, because the child will rarely be sick.

It is the noblest prerogative of the physician to prevent illness, and although by this means he diminishes the income from his vocation, the consciousness of so unselfish an act furnishes a compensation which is above money and above price. That true delineator of human character, Robert Louis Stevenson, expressed this idea when he said, "There are men and classes of men that stand above the common herd, the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule."

Should the directions laid down in my article in the May number have been neglected, one great advantage will have been lost, viz.: the absence of apprehension on the part of the child when placed into the bath for treatment. To cultivate familiarity with cold water in the child in health is the first step to obtain the immense benefits accruing from it in sickness.

The modern physician recognizes the fact that he is not a general arranging his remedial forces against an enemy when he is called upon to treat a case of illness. Formerly disease was regarded as an entity; its demolition by the most potent means was the aim of treatment. Among the lay people this impression still prevails to a very surprising extent.

The light of modern investigations has disclosed the unhappy fact that so long as this view was adopted, the poor patient was the battle-field, and no matter which won, the doctor's remedies or the disease, the sick child suffered! A new era has dawned upon us. We treat the patient and not the disease. In a large proportion of cases, disease is but the manifestation of an effort of the system to cast off some injurious element existing within it. Typhoid fever, scarlet fever and measles, for instance, are diseases, in which the system has been invaded by a certain morbid agent, whose elimination is accomplished in a certain definite period. Do what we will, the physician stands powerless to cut it short. He must confess that he cannot conquer the disease. Then why combat it with powerful medicines which injure the

patient? He recognizes the indubitable fact, that if he can help the system of the little sufferer to throw off the injurious material by endowing him with power to resist its inroads, he has done all that is necessary. Indeed, the physician stands at the helm, like the captain of a steamship. The commander does not carry the ship into port solely by his own exertions. It is the power of steam, aided by the tide and the wind, which lands it at the wharf. But he knows the channel, he knows at what point the tide runs swiftly; at what point he can utilize the wind, where to slacken his speed or increase it, to clear a shoal, etc. Thus by dint of his experience, knowledge and skill, he guides the good ship to her moorings.

So does the experienced physician recognize the shoals and quicksands, the rocks and other dangers which each disease presents at certain stages. He protects the system by his hygienic suggestions, dietetic or medicinal, so that it suffers least from the threatening danger, and neutralizes the latter just as the captain of a ship does for his vessel in a storm. Disease is indeed a storm raging in the human body, brought about by causes preventable or not.

Among the numerous remedies which have since the day of Hippocrates, the father of medicine and its wisest exponent in all ages, been brought forward, water has held its place more tenaciously than all others. Hippocrates wrote one of his books on water and air, and his directions on bathing in disease are models of clearness and good judgment. Unfortunately, the physicians of the olden time were too much addicted to poring over books. The musty lore of their predecessors had more attraction for many of them than practical observation. While the majority of the profession was under the thralldom of systems taught at certain universities, every age has produced some men whose clear insight into the correct method of treating disease seems to us moderns almost godlike. Many of these men are on record as earnest and persistent advocates of water as a remedy in disease. At the present time, which may be termed the era of com-

mon sense, in which nothing is accepted unless susceptible of proof and rational explanation, water takes an important place among remedies. The prejudice which its exclusive use by the quacks, called hydropaths, had aroused in the profession, does no longer deter the latter from adopting it as a remedy in many cases. I advocate its use not as a water-cure, but as one of many remedies at the disposal of the physician, and I regard it as my highest duty to impress the lay as well as the professional public with its valuable but neglected virtues.

If a child under three years has a simple fever whose origin is not clear, no remedy will give more comfort than a bath of 95 degrees for fifteen minutes. Don't fly to aconite and quinine, which are poisons, unless skilfully used by a physician, but simply have a nice, large tub placed alongside of the bed. Don't take the child into the bath-room, in which the air must be foul and the tub so large as to frighten the little one. Put a screen between the bed and tub so as not to disturb the child by the preparations. Fill it two-thirds full of water of the exact temperature required. Gently undress the baby and put it upon your lap. Bathe its face, head and chest with your wet hand, and now lift it into the tub gently and calmly, while words of love and comfort issue from your lips to allay apprehension. Let it have some plaything or let some one amuse it with a toy at a distance. Seat the baby in the tub and bathe it with the flat hand, using gentle friction over successive parts of the body.

If the child's temperature has been 102 or more, dip out some of the warm water and add ice cold water without touching the body, until the bath temperature is lowered to 80 degrees Fahr. If this bath be prolonged to twenty-five minutes without fretting the child too much, the result will be a reduction of temperature and quiet sleep. Preparation for receiving the bathed child should be made before it is placed into the tub, as follows: A blanket is put upon the side of the bed not to be used by the child. Upon this a linen sheet or tablecloth (cotton cloth is not so useful) is

spread, a towel being laid upon the pillow. The child is laid upon the sheet and quickly wrapped with it. Thus it can be dried rapidly. This may also be done upon the lap for very young children.

Many cases of feverish indisposition or nervous irritability will be nipped in the bud by such a bath. It goes without saying that a physician should be summoned if the bath does not restore the child to its usual health and spirits. If this be the case, a great advantage will have been gained even over the simplest medication, which often interferes with the doctor's plans of treatment. The author has observed the most striking results from various bath methods in the treatment of the most severe types of disease.

It is not his province to teach the mother how to treat these. A physician only should be entrusted with so important a matter. To aid the doctor in reconciling the mother to what may appear to her heroic treatment and to provide for emergencies, is the chief aim of this article.

If a physician cannot be obtained quickly, the following methods are useful in cases of urgency.

In the eruptive fevers, that is, in fevers accompanied by reddening of the skin, like scarlet fever, measles, etc., if the child be very ill, with a high temperature, and the eruption is slow in appearing, and a physician cannot be quickly obtained, a bath of 90 degrees, reduced to 85 degrees with gentle frictions for ten minutes, will bring out the eruption and soothe the sufferer. Let not the fear of driving in the eruption deter any one from using this bath, if the temperature is above 102 degrees. Rapid drying as directed above will cause a reaction to the surface which will soon gladden the mother by its ruddy glow. When the temperature is very high, over 104 degrees, in the early stage of these eruptive fevers, with cold extremities, mottled skin, more or less livid face, rapid breathing and threatened collapse, there is no remedy that will reinforce the action of the heart, which is overcome by the poison of the disease, and bring out the eruption so quickly and surely as rapidly dipping the child two or three times into water

of 65 degrees to 70 degrees Fahr. This causes deep inspiration, which carries a fresh supply of oxygen to the blood; the pulse grows stronger, the face resumes a more natural hue, and the marbled condition of the skin gives way to a rosy hue which at once tells of the restoration of an equilibrium in the disturbed circulation.

Dr. T. G. Thomas, the eminent gynecologist, related to me the case of a child whom he was called to see in consultation twenty years ago, at Irvington. The child was suffering from scarlet fever, and had a temperature of 106 degrees. The attending physician had given up all hope and yielded reluctantly to Dr. Thomas's suggestion to put him into a cold bath. This restored the patient and saved his life. Although I regard this treatment, as above explained, as perfectly harmless, I do not advise it being resorted to if a physician can be quickly obtained. When the child becomes unconscious in scarlet fever or measles, and the temperature is high, no time should be lost however; life may be saved by early treatment.

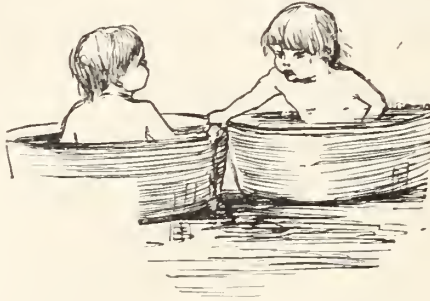
In summer diarrhœa of infants, when the temperature is above 102, the greatest benefit may be derived from a moderately cool bath. I have seen children who were tossing in agony, with parched lips and upturned eyes, moaning or looking pitifully for water, purging and vomiting, calmed as if by magic by a bath of 95, reduced to 80 degrees gradually with fictions, for fifteen or twenty minutes. I have seen them fall asleep in the bath and awaken from a long slumber, refreshed and bright, prepared to cope with the exhausting disease. We do not expect to cure fever or diarrhœa by baths, but we carry the patients over the dangers of heart failure and nerve exhaustion, which threaten to engulf them.

Again, in bronchitis and pneumonia cool baths are the most potent remedies at the command of the physician. I fancy I see a shudder passing over the reader. What, bathe a child suffering from pneumonia in cool water! Why, we avoid even the regular cleansing baths when the baby is sick with a cold. The same apprehension, doubtless, exists in cases of eruptive fevers; here we encounter

the absurd fear of driving the eruption in. I speak from a fairly large practical experience when I counsel greater familiarity with the bath-tub in the sickness of children. If your doctor is a hydrophobe, let him guide you by all means, and do not urge the views here expressed. He is a better judge of the case, standing in its presence, than the writer can possibly be. His objections may be well founded. I counsel obedience to his directions. Only in the event of difficulty of obtaining a physician, do I counsel resort to the simple, yet effective bath method of treating sick children. This brings me to the treatment of convulsions in children. This is the most horrifying phantom before every mother's eye. How often have I seen the poor mother pale with terror, because the child was in convulsions; how the household is ransacked for tubs, how everybody rushes into everybody else's way with hot water or something else regarded as imperatively necessary. There are two points upon which too much emphasis cannot be laid. A convulsion in an infant under 2½ years is in the majority of cases not a dangerous symptom. Horrible as are the contortions, they will surely cease if you do not meddle too much. Be as calm as possible, remove the clothing, give an injection into the bowels; a whiff of chloroform if you have it, and prepare for a moderately warm bath. The latter need not, indeed it should not, be a mustard bath. This seems to be an old nursery usage, which gives the child pain when it awakens from the spasm and is more likely to reproduce the convulsion. A warm bath is useful, because it soothes the surface nerves and relieves the brain, but it does not cure the convulsion. Don't worry and wring your hands in despair then, if there happens to be no hot water handy. Your baby will not succumb on that account. It has occurred to me again and again that the baby has come out of a convulsion before the bath could be made ready. Hence I speak from actual experience when I counsel you not to be alarmed. Babies do not die from convulsions, they die from the causes of convulsions. The doctor will be in time to remove these. Hence the chief thing to do is

to be calm. The baby is unconscious of its contortions; it does not suffer, it is in little danger, it will almost surely recover, if you only keep your wits about you. To the true

physician there comes no greater joy than the relief of suffering; next to that comes the giving of comfort and allaying of needless apprehension.



DRESSING THE BABY THE FIRST SIX MONTHS.

BY B. H. SPRING.

MY first baby's first clothes were the product of much zeal and more ignorance, and were marvels of unfitness for the purpose for which they were designed. Following the traditions of my elders and much of the advice which is generally so freely offered to young mothers, I fashioned skirts with bands so wide and cumbersome, so much belapped and pinned, as to reduce the unfortunate babe to the semblance of a small mummy. My ignorance of the first garments to be worn by a baby was so profound that when my husband's revered mother presented me with some dainty knitted bands for the new comer I received them with thanks, but was ashamed to confess that I had not the faintest idea of the purpose for which they were intended. Gradually, as time went on, I learned by the aid of mother love and common sense many of the requirements of a baby's physical nature, and the following suggestions are offered in the hope that other young mothers, as ignorant as I once was, may be saved by them.

The Nursery Basket.

A not unimportant item in the preparation for Baby's reception is the basket designed for holding his toilet articles. Many shapes and styles are now on the market, from the ordinary flat basket without a top to the elaborate affair on a stand with accommodations for many articles of Baby's wardrobe. It would be rank heresy to

suggest that a "first baby's" basket should be anything but a dainty affair of white lace and delicate colors, whatever the shape may be; but after the trials and exigencies of the toilets of the first three or four weeks have been met, and the monthly nurse has departed, many a young mother sees with regret that the glory and freshness of the dainty fabrication have also departed, and that, in common parlance, the basket looks decidedly "mussy." My own first baby rejected in an orthodox affair of dainty pink and white, but his successors have used a serviceable flat basket lined with a dark blue India silk, powdered with small white flowers; the lining of the basket is carried over the edge and cut long enough to allow of being drawn together by ribbons at the top to form a cover for the basket in the way often seen in work baskets.

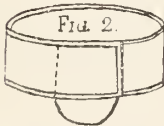
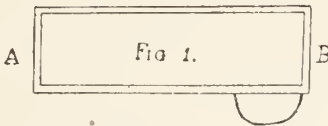
Besides the garments intended for a first toilet, the basket should contain a small pincushion furnished with small, medium and large safety pins, a jar of white vaseline—white in preference to yellow, because it does not stain the clothing; a powder-box filled with Talcum powder; an ounce package of absorbent cotton, very useful for drying the little ears, but not to be used about the eyes; a tape needle, and pair of delicately-curved and finely-pointed nail scissors. The sponge and soap are better not kept in the basket. A word on the subject of safety pins. Any one who has ever dressed a young baby will appreciate the

fact that everything connected with the operation should work as quickly and smoothly as possible. Care should be taken to select a pin that fastens easily *from both sides* and is durable and well plated. The "Clinton" safety pin is very satisfactory in all of these respects.

The Band.

No article of baby's outfit is more discussed at present than the band. Its opponents claim that it should be laid aside after the first month, while its supporters advocate its use until after the period of teething. For the benefit of those who, like me, believe that a band properly made and adjusted can at least do no harm, and may at times do much good, the following suggestions are offered :

The average monthly nurse would doubtless feel somewhat at sea if required, for the first week or two, to use any other than the plain band of fine soft flannel, which can be pinned down to the degree of snugness supposed to be necessary in making a start in life. A flannel band of this kind may be tolerated for a short time at first, but is open to two grave objections; it is trouble-

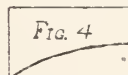
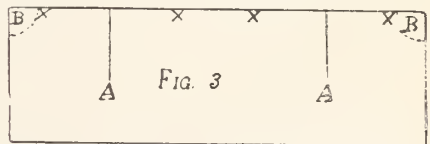


some to adjust, and does not conform easily to the shape of the little body it encircles, owing to its inelasticity. Far superior to it is the soft knitted band of Saxony wool, shaped like a wristlet and meant to be slipped on over the feet. To this, it is true, there are some objections; the frequency with which they must be renewed, owing to shrinkage and the baby's growth, and the expense, good ones of the best material and hand-made costing about fifty cents each. The material which I have found most satisfactory for bands is the Jaeger stockinet, which may be bought by the yard, and is manufactured in various weights and widths, and in white and natural wool shades. For summer wear I select the lightest weight and for winter a somewhat heavier grade. Fig. 1 gives the shape of the band when open, and Fig. 2 its appearance when joined. To make such a

band, cut of stockinet a strip wide enough to extend from the arm-pits down to the hips and long enough to pass around the body and lap several inches, allowing sufficient to turn down a hem about half an inch wide on the sides and the ends. Secure this hem all around by button-hole stitching with fine sewing silk, taking the stitches rather far apart. Finish by sewing on the lower edge of the band a loop of silk braid in the manner shown in the illustration, and lap the end *A* under *B* to make the required size around the body, basting the ends down with strong twist, and fastening off securely. A band of this kind has several advantages; it does not shrink readily, can be used a long time by letting out the lap as occasion requires, is easily adjusted without the trouble of pinning, and can be varied in weight according to the season of the year by making use of two grades of stockinet. The loop of braid set on as in the diagram will be found a minor advantage, as a corner of the diaper can be pulled *through* it instead of being pinned to it—a quicker and more convenient way. Six is a sufficient number of bands to provide, and the natural wool shades will be found to look better after long wear than the white, though the latter is more attractive in appearance at first.

The Shirt.

In the early days of my experience as a mother, I was much troubled by the frequency with which it was necessary to renew the supply of Baby's knitted Saxony shirts and the considerable expense involved in the process. Four shirts at a time seemed a moderate number, and if the baby made a satisfactory growth and they shrunk ever so little, they had to be laid aside every two or three months. At last I procured the Jaeger stockinet, and began to make the little shirts myself, with the most satisfactory results and



with considerable benefit to my purse. For "first shirts" the finest and lightest weight stockinet should be chosen, white, of course; and Figs. 3 and 4 give the shape of the shirt and sleeve.

For the body of the shirt, cut a straight strip of stockinet the length and breadth desired, being careful that it is amply large; cut a semicircular piece out of each upper corner (*B, B*) to shape the front of the neck, and make downward slits at *A, A*, for the arm-holes.

Lay the \times at the neck on each side on the corresponding \times beyond the armslits, and join to form the shoulder seams; these will be the only seams, and the shirt will be open all the way down the front. Turn up a half-inch hem at the bottom of the shirt and buttonhole-stitch it down, bind the left front and the neck with silk braid or binding, and face the right front with soft white silk about an inch wide; fasten with small flat pearl buttons, using as few as possible. A "regular made" seam, such as is seen on factory-made garments of good quality, is of course beyond the skill of the amateur, but a good imitation can be made if one has a delicate touch with the needle and the time to give to the work. With fine sewing silk buttonhole-stitch each edge of the parts intended to be seamed together, not taking the stitches too close; after this set the edges together *touching* each other but not overlapping, and buttonhole these together rather closely. In this way a smooth, elastic and durable joining can be made very similar to the "regular." Another method of making a seam is to lay one edge of the goods overlapping the other about the width of an ordinary seam and basting them together; after this buttonhole each raw edge down, first on the right side and then on the wrong. The seam thus made is durable, and not much trouble to make, but is not quite as attractive in appearance or as smooth as the first described; both are rather preferable to the ordinary "laid open" seam. These little stockinet garments should always be sewn with silk thread and made by hand, as the sewing is more durable and the stitches less liable to break than in machine work.

However desirable it may be in theory to place soft wool garments next to the skin, yet in practice it sometimes happens that the skin of a young infant is too sensitive to bear direct contact with the wool. In such cases the irritation may be relieved and the wool shirt retained by using next to the skin little shirts of silk or cotton mull. The usefulness of these fairy-like garments can be increased by finishing them at the neck with a wide circular collar like a small cape, which, after the baby is dressed (all except its dress), can be pulled outside the other garments and thus pre-

vent them from rubbing and chafing the neck. In washing such delicate garments it is only necessary to squeeze them in warm soap suds, avoiding rubbing; with a little care, in washing and ironing, even the silk mull shirts will wear a considerable time. Shirts of India silk are delightfully cool underwear in hot weather, and are especially soothing and comfortable when there is heat rash; they are not to be commended for general wear, but only for the emergency of a "heated term," when it is necessary to add to Baby's comfort as much as possible.

The Diaper.

An impartial observer once made the remark that a baby's wardrobe consisted mostly of diapers, and in point of bulk, at least, they certainly form the greater part of the layette. There is practically no limit to the number that may be used, especially if the young mother insists on the excellent rule of not using the same diaper twice before it is washed. In that case a daily rinsing out should be arranged for, and once a week all should be boiled. Diaper cloth may be had in linen or cotton, and in widths ranging from 18 to 27 inches, each piece containing 10 yards. A good quality is the best economy, as the diapers are subjected to constant use and much washing, and, besides, the heavier and better quality is not so quickly wet through as the thinner and cheaper grades. In preparing a first supply it is well to select two widths, say 18 and 24 inches; at first the narrower only will be used, but as the child grows the wider will be needed and can be used with the smaller folded inside. At a later period of the child's life a supply of the widest 27-inch can be added, but they need not be provided at first. In cutting off the piece of new cloth into diaper lengths it will be found a saving of labor to draw the threads as a guide line for the scissors, as the new cloth is stiffly starched, and the figure of the pattern cannot be relied on for accuracy.

The perfect square will be found the most convenient diaper shape, as it admits of two widths being folded together and is easier to handle in washing and drying than if cut double length, as is often done. Even were the expense of linen and cotton diaper the same, my choice would still be for the cotton, because less chilling when wet. As to the number to be provided, it will probably be found that three pieces each of 18 and 24-inch diaper will be sufficient to begin with, and will make about one hundred diapers when cut off.

The rubber diaper is only mentioned to be condemned, for reasons which will suggest themselves to every thoughtful mother.

Socks.

Now and then in this age of progress a certain amount of criticism is uttered against Baby's socks, and the "reformed" baby is told that he would be better off without them. But in spite of critics there seem many reasons in favor of their use, and they will probably be retained as long as babies are in fashion. It only remains to choose them judiciously. Generally the power of choice in this special matter is denied to a young mother, as the sock is a pet gift from the fond "cousins and aunts" of a first baby, and the little creature is apt to be well supplied with every form and style of foot gear. Most of these socks are good enough if sufficiently roomy and made to draw up well above the ankle. Silk and wool are not a good combination in a sock, if the silk is used in a considerable quantity, as the silk is so much thinner and cooler than the wool that there is some danger of taking cold in changing from a warm all-wool sock; then again, in washing a silk or wool sock, if the color be anything but white, it will often be found that the two materials do not fade in an equal degree, and the silk may be quite bright while the wool looks dingy, or *vice versa*. As a rule, pink dyes in wool wash far better than blues, and this should be borne in mind in buying socks or any knitted goods for a baby. A sufficient number of socks should be provided to allow of a daily change, as every student of physiology knows how great is the proportion of waste matter thrown off through the skin of the feet.

The Skirts.

Two skirts are considered necessary to the baby's toilet, one of flannel, the other of nansook or cambric, and the old-fashioned method of making them was to attach them to wide bands, which were lapped and pinned around the baby's waist tightly enough to keep the skirt in place. This is not a method to be commended, as waist bands when pinned do not allow the child sufficient freedom for breathing, and besides are clumsy and troublesome to adjust. A far better plan is to use a little underwaist of soft cambric similar to those worn by older children, cut amply large around the waist to allow for growth and rather low in the neck; make the binding around the neck wide enough to allow a narrow tape to be drawn through, by which the size can be adjusted.

Fasten the underwaist in the back with small buttons, and set small flat buttons around the waist. Both the flannel and cotton skirts should be gathered into inch wide bindings, in which are worked buttonholes corresponding to the buttons on the waist. By such an arrangement there is no danger of undue pressure around the waist and chest; the waist with two skirts buttoned to it is as quickly put on as a single garment, and in case of soiling, the skirts can be easily removed. For a "winter baby" an advantageous change might be made by omitting the cambric skirt and in its place using a princesse slip of canton flannel or white outing or domett flannel, with high neck and long sleeves, thus doing away with the sack which babies generally wear in cold weather. Four flannel skirts, as many flannel princesse slips (if they are used) and one dozen cambric skirts will be found an ample quantity for the needs of ordinary babyhood.

The Dress.

But little need be said on the subject of the dress, as it can scarcely go amiss if it have high neck and long sleeves and the skirt be not too long. The first slips should be quite simple, as they are afterwards often used for nightdresses during the first year of Baby's life. The dress proper may be made with a yoke, a waist or in any other way which the mother's taste or means may dictate. Eight slips and eight day dresses are a fairly liberal allowance.

The Sack.

In selecting materials for Baby's sacks the preference should be given to fabrics over knitted or crocheted articles. Fabrics such as cashmere and flannel wash better and are less liable to shrinkage than knitted goods, and are less objectionable on the score of lint. For a light-weight jacket cashmere is an excellent material, and for a warmer garment flannel is a good choice. Sacks should be made as simply as possible, always with a view to washing, and are better without collars, which are apt to rumple in a clumsy way around the baby's neck. A pretty and durable finish is an embroidered scallop extending around the neck and outer edge. The sleeves should be amply large and left open for a short distance up the outside seam, to admit of greater ease in pulling down the dress sleeves. This may appear an unimportant detail, but any one who has ever dressed an impatient or fractious baby will appreciate the value of anything which makes the process of the toilet easier and quicker.

In choosing colors it is always well to bear in mind that as a rule the delicate shades of blue fade easily in washing, while most shades of pink do not. The delicate shades of yellow are pretty and fairly durable.

The Bib.

Although the bib does not form a part of the first toilet, it becomes quite an important item a few months later when the "drooling" period begins. The costly lace bib, worn solely for ornament, does not enter into the present subject, which discusses the serviceable article only. A bib meant for actual use should be of some soft absorbent cotton material, lightly wadded and quilted, and sparingly ornamented. An excellent plan is to use under the cotton bib a smaller one of rubber stockinet, and any mother can readily cut these out for herself by following the regular bib pattern (only smaller, so that it will not show under the cotton bib), notching the edges around and cutting two small slits at the back of the neck to answer as buttonholes, in which a small bone or pearl stud can be used as a fastening.

Mothers cannot exercise too much care in selecting bib pins to see that the fastenings are strong, not easily opened by the restless fingers of the baby and always securely clasped when in use. I have many times recalled the story once told me by a mother of my acquaintance of the hours of agonized suspense which she had passed in watching her baby, who had swallowed his bib pin, which a careless nurse had allowed him to play with. The doctor said that the only chance for the child's life was that the pin might have been clasped when he swallowed it, which fortunately proved to have been the case. I recall in my own experience a terrified search for my baby's missing bib pin and my relief when it was at last found on the carpet; after that fright I consigned the pretty gold pin to the nursery basket, and used a common safety pin with a strong clasp.

The Baby at Night; in Winter.

The best material for Baby's winter night-dresses is a light cotton and wool flannel called "domett." It shrinks less than all-wool flannel, is also cheaper, and is soft and warm. The night-dress should be a plain sack shape, amply long and loose, the neck without collar or other trimmings, and simply bound with a soft silk braid; it should be opened a generous distance down the front to allow of ease in putting on and off, and fastened with small buttons. If the

climate is severe and the baby's sleeping room apt to grow cold during the night, as is often the case, especially in country houses, a light woolen shirt should be used, and if a flannel band is worn during the day it should also be retained at night.

I confess to a certain degree of timidity in approaching the subject of the pinning blanket or barrow coat, as I have never been able properly to appreciate that time-honored garment. I used it for my first baby, but inwardly protested against the number of pins required to fasten it around the waist and down the front, and also against the way in which Baby managed to stick his feet out between the unpinned spaces down the front. I finally laid the barrow coat aside, with a sigh for my own stupidity in not being able to understand why our grandmothers found it so useful, and in its place used a little cambric waist with a flannel skirt buttoned to it, just like those used in daytime. This I found very satisfactory, being so easily unbuttoned and slipped off if necessity required a change during the night, as may sometimes happen, especially during sickness.

As babies grow older and are able to turn themselves in bed, they are apt to become restless, and throw off the covers from their arms and shoulders. I have often found my little ones with arms and hands icy cold from being laid outside the bed clothing of a cold winter night. I finally hit upon the expedient of dressing them to meet such an emergency, finding that all my efforts could not always keep them properly tucked up. A short jacket of some very soft warm stuff like eider-down or jersey flannel, buttoned straight down the front and with sleeves long enough to more than cover the hands, will do much towards keeping Baby warm during severe weather. An undershirt, band and diaper, with flannel skirt and gown, and over that, at times, a jacket, seem like an undue amount of clothing at night, but it must be remembered that the use of this amount applies only to the coldest weather, and that babies cannot always be governed by the same rules which guide "grown-ups;" they are more restless, sometimes require to be taken out of their cribs to be nursed or fed; need to be uncovered to have their diapers changed; and for all these reasons and others besides, should be so clothed as to be guarded against danger of sudden chilling by exposure at night, as would be the case were they clothed in a single night garment like their elders.

The Baby at Night ; in Summer.

Baby's night toilet in summer is a much simpler affair than in winter, the chief object being to keep him cool enough without undue exposure to sudden changes of temperature. It is well to provide night-dresses of two grades, one of very

thin domett or else outing flannel for cool nights, the other of cambric or muslin for the hottest weather. If the baby is accustomed to wear the flannel band during the day it should also be retained at night, but besides this no other garment than the night-dress is usually needed.



STORY TELLING—WHY WE DO IT.—I.

BY NORA A. SMITH,

Instructor in the California Kindergarten Training School.

WHY do we do it? A question you need scarcely ask of mother, nurse or kindergarten.

We do it from the soundest of economic motives, in order to supply a constant and growing demand. We are forced to satisfy the clamorous nursery-folk that beset us on every hand.

Beside us stands an eager little creature quivering with expectation, gazing at us with wide-open eyes and saying appealingly, "Tell me a story!" Or perhaps a circle of toddlers is gathered round, each one offering the same fervent prayer, with so much trust and confidence expressed in look and gesture that none but a barbarian could bear to disappoint it.

The story-teller is the children's special property. When once his gifts have been found out, he may bid good-bye to his quiet snooze by the fire, or his peaceful rest with a favorite book. Though he hide in the uttermost parts of the house, yet will he be discovered and made to deliver up his treasure. On this one subject, at least, the little ones of the earth are a solid, unanimous body. Never yet was seen the child who did not love the story and prize the story-teller. Perhaps we never dreamed of taking up the art of story-telling till we were drawn into it by the

imperious commands of the little ones about us. It is an untrodden path to us and we scarcely understand as yet its difficulties and hindrances, its scope and its possibilities. Yet this eager, unceasing demand of the child-nature we must learn to supply and supply wisely; for we must not think that all the food we give the little one will be sure to agree with him because he is so hungry.

This would be no more true of a mental than of a physical diet.

What objects then shall our stories serve beyond the important one of pleasing the little listeners? How can we make them distinctly serviceable, filling the difficult and well-nigh impossible rôle of "useful as well as ornamental?"

There are, of course, certain general benefits which the child gains in the hearing of all well-told stories. These are familiarity with good English, cultivation of the imagination, development of sympathy and clear impression of moral truth. We shall find, however, that all stories appropriate for young children naturally divide themselves into the following classes:

I. The purely imaginative or fanciful, and here belongs the so-called fairy-story.

II. The realistic, devoted to things which have

happened and might, could, would or should happen without violence to probability. These are generally the vehicle for moral lessons which are all the more impressive because not insisted on.

III. The scientific, conveying bits of information about animals, flowers, rocks, stars, etc.

IV. The historical or simple interesting accounts of the lives of heroes and events in our country's struggle for life and liberty.

The Imaginative Story.

There is a great difference in opinion regarding the advisability of telling fairy-stories to very young children, and there can be no question that some of them are entirely undesirable and inappropriate. Those containing a fierce or horrible element must, of course, be promptly ruled out of court, including those "bluggy" tales of cruel step-mothers, ferocious giants and ogres, which fill the so-called fairy literature. Yet those which are pure in tone and gay with fanciful coloring may surely be told occasionally if only for the quickening of the imagination. Perhaps, however, it is best to keep them as a sort of sweetmeat, to be taken on high days and holidays only.

The Realistic Story.

Let us be realistic, by all means; but beware, oh, story-teller! of being too realistic. Avoid the "shuddering tale" of the wicked boy who stoned the birds, lest some hearer be inspired to try the dreadful experiment and see if it really does kill. Tell not the story of the bears who were set on a hot stove to learn to dance, for children quickly learn to gloat over the horrible.

Deal with the positive rather than the negative in story-telling; learn to affirm, not to deny.

Some one perhaps will say here, the knowledge of cruelty and sin must come some time to the child, then why shield him from it now? True, it must come; but take heed that you be not the one to introduce it arbitrarily. "Stand far off from childhood," says Jean Paul, "and brush not away the flour-dust with your rough fist."

The Scientific Story.

The truths of botany, of mineralogy, of zoölogy may be woven into attractive stories which will prove as interesting to the child as the mildest fairy tale. But endeavor to shape your narrative

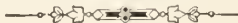
so dextrously around the bit of knowledge you wish to convey that it may be the pivotal point of interest, that the child may not suspect for a moment that you are instructing him under the guise of amusements. Should this dark suspicion cross his mind, your power is weakened from that moment, and he will look upon you henceforth as a deeply-dyed hypocrite.

The Historic Story.

The historic story is easily told and universally interesting, if you make it sufficiently clear and simple. The account of the first Thanksgiving Day, of the discovery of America, of the origin of Independence Day, of the boyhood of our nation's heroes—all these can be made intelligible and charming to children. I suggest topics dealing with our own country only, because the child must learn to know the near-at-hand before he can appreciate the remote. It is best that he should gain some idea of the growth of his own traditions before he wanders into the history of other lands.

In any story which has to do with soldiers and battles do not be too martial. Do not permeate your tale with the roar of guns, the smell of powder and the cries of the wounded. Inculcate as much as possible the idea of a struggle for a principle, and omit the horrors of war. We must remember that upon the kind of stories we tell the child depends much of his later taste in literature. We can easily create a hunger for highly spiced and sensational writing by telling grotesque and horrible tales in childhood. When the little one has learned to read, when he holds the key to the mystery of books, then he will seek in them the same food which so gratified his palate in earlier years. We are just beginning to realize the importance of beginnings in education.

True, a king of Israel whose wisdom is greatly extolled and whose writings are widely read, urged the importance of the early training of children about three thousand years ago; but the progress of truth in the world is proverbially slow. When parents and teachers, legislators and law-givers are at last heartily convinced of the inestimable importance of the first six years of childhood, then the plays and occupations of that formative period of life will no longer be neglected or left to chance, and the exercise of story telling will assume its proper place as an educative influence.





THE NURSERY TABLE—II.

BY CHRISTINE TERHUNE HERRICK.

EGGS, FISH, SOUPS, MEATS.

THE age at which children may be put upon a meat diet is a mooted point among mothers. The question must usually be decided for each child, as the meat that benefits one is often prejudicial to the health of another.

"What! You don't give your baby meat, and he is nearly fourteen months old?" exclaimed one experienced matron to a younger mother. "My babies always had raw beef, chopped fine, by the time they were a year old."

"I haven't dared try experiments with my little fellow," said the other. "He is well and hearty on bread and milk, and I thought I would better leave well enough alone while he is teething."

To some children a diet that includes meat or meat juice seems almost necessary, but it is wiser to consult a physician before giving it to an infant under a year and a half old. When the carnivorous teeth appear, they are Nature's indication that the baby's system is in a fit state for something more than farinaceous food.

Do not begin administering meat too freely. Broths and soups are easily assimilated and are generally relished by the little one. Meat should be minced fine, and morsels selected that are tender and free from sinew or gristle. Fried meats and veal or pork should be unknown on the nursery table.

The "meat meal" should be eaten in the middle of the day—never at night, and rarely at breakfast. Meat once a day is quite enough for the average child. At the very beginning he should be taught to masticate his food thoroughly. The "bolting habit" common to Americans will be only too likely to manifest itself as he grows older, and although he may not, like Mr. Gladstone, chew each mouthful twenty-two times before swallowing it, he may yet be trained to reduce it to a condition that will spare the stomach

the fatigue of preparing the food for assimilation in addition to doing its own proper work of digestion. If the average citizen only bestowed half as much thought upon the welfare of his gastric organs as he does upon the care of his live stock, we would not be known as a nation of dyspeptics. The following recipes have gained and held their place in at least one tolerably well regulated nursery:

Soft-boiled Eggs.

Put the eggs in boiling water, and take the saucepan containing them from the fire immediately. Set it on the hearth or on the table. Leave the eggs in the water from eight to ten minutes. If it was boiling when they were put in, they will be of a custard-like consistency throughout.

Poached Eggs.

Have ready a saucepan of boiling water, and break into it one egg for each child, taking care that the eggs do not crowd one another in the vessel. As soon as the whites are firm, take the eggs out and lay each upon a square of lightly buttered toast. A pleasant variety to this dish may be produced by pouring a tomato sauce over the eggs and toast. To make this sauce, rub a cupful of stewed tomatoes through a colander and thicken it with a teaspoonful of butter rubbed smooth with twice as much flour. Let the tomato boil up once after the butter and flour are added, and pour it over and around the eggs.

Baked Omelet.

Four eggs.
Three tablespoonfuls milk.
One small teaspoonful cornstarch.
Salt to taste.

Beat the whites and yolks of the eggs separately until they are very light. Dissolve the cornstarch in the milk, mix this with the yolks and stir in the whites lightly. Salt to taste, and

turn all into a well buttered pudding dish. Bake in a good oven and serve as soon as cooked, as the omelet falls quickly.

Baby Omelets.

Prepare an omelet as directed above, but pour the mixture into small muffin-tins, well greased. While they are baking, prepare a sauce of a cupful of milk, heated in a double boiler and thickened with a teaspoonful of butter worked smooth with a tablespoonful of flour. Stir the sauce until it is thick and free from lumps and salt to taste. Turn out the baby omelets on a flat dish and pour the white sauce over them. Tomato sauce also is good with these omelets.

Scalloped Oysters.

Strew the bottom of a buttered pudding dish thickly with cracker crumbs, and on this place a layer of oysters. Sprinkle crumbs over them, drop bits of butter thickly over this, add a few dashes of salt, and moisten well with milk and oyster liquor. Arrange more oysters over them with crumbs, and proceed in this order until the dish is full. The last layer should be of crumbs. Cook the scallop, covered, for fifteen minutes in a steady oven, uncover, and brown lightly.

Stewed Oysters.

Drain the liquor from the oysters, strain it, and set it on the stove to heat. When it reaches the boiling point, drop in the oysters and let them cook about three minutes, or until they become plump and the edges begin to ruffle. Have ready in a double boiler hot milk in the proportion of one half pint of milk to every quart of oysters and liquor. Thicken this with a teaspoonful of butter rubbed smooth with a tablespoonful of flour, and when the oysters are done stir in the milk. Salt to taste and serve.

Creamed Fish.

Select some firm white fish, like young cod, halibut, pickerel, bass, etc. Boil this, and when cold, pick it to pieces with a fork, rejecting all bits of skin or bone. Heat in a double boiler a cupful of milk and thicken it with a teaspoonful of butter mixed with a tablespoonful of flour. Stir into this two cupfuls of the flaked fish, and leave the vessel on the fire only long enough for it to become hot through. Salt to taste, and after you take it from the stove, squeeze in a few drops of lemon juice. The fish may then either be served on squares of toast or in a platter surrounded with a border of mashed potatoes, or it may be baked in scallop shells or in a bake-dish. If it is thus scalloped, the top should be sprinkled

thickly with bread crumbs and bits of butter, and the fish set in the oven until it is of a delicate brown.

Fish Creamed with Potato.

One cup fresh fish, picked to pieces.
One cup soft mashed potatoes.
Half cup hot milk, or milk and water.

Heat the fish and potato together in a double boiler, and moisten them with the milk or milk and water. Beat them hard, until they are a creamy mass, adding more liquid if they seem too dry. Salt to taste and serve. This dish may be prepared in an ordinary saucepan, if great care is exercised to keep the contents from scorching.

Fish is an excellent article in the children's dietary, but rather dry fish must be used, and it should be boiled, baked or broiled—*never* fried.

Beef Soup with Sago.

One and a half pounds lean beef, cut up as for stewing.
One small onion, sliced.
Two quarts cold water.
Half cup sago or tapioca.

Put the beef and onion on in the cold water and let it come to a boil gradually. Cook slowly for three or four hours, remove from the fire, and let the liquor get cold on the meat. Skim and strain the soup, and add to it the sago, which should first have been soaked for an hour in lukewarm water. After this goes in, season the soup, and cool it about half an hour.

Beef soup is also good if macaroni or vermicelli is used in place of sago. Cook either of these until tender in a little boiling water, drain and add to the soup about fifteen minutes before it is to be served. Or, a couple of tablespoonfuls of boiled rice may be stirred in the soup before it is poured into the tureen.

Mutton Broth.

Two pounds of lean neck of mutton—both meat and bones may be used.
Two quarts cold water.

Boil the meat and bones slowly until the meat is in shreds. This will take several hours. Let the soup cool. Skim off the fat, strain and return to the fire. When the soup is hot, add to it half a cup of milk into which have been stirred two tablespoonfuls of flour, and cook until this thickens. Season the broth to taste, adding, if desired, a little boiled rice or soaked barley. Be careful that the soup has no chance to scorch after the milk has been added to it.

Chicken Broth.

An old fowl can be employed for this purpose, and if carefully and slowly cooked, it can be used

afterwards for salad, minces, croquettes, etc. Cover the fowl with cold water, let it cook slowly until very tender, and when it is cold proceed with it as with mutton broth, adding milk, thickening and seasoning. The yolks of two eggs may be added to the soup, if it is desired to make it richer. A little of the hot broth should be poured upon them after they are beaten, and the soup should be taken from the fire within five minutes after the eggs have been added.

Tomato and Milk Soup.

Stew a quart of fresh tomatoes until soft, or heat the contents of a quart can of tomatoes. When all lumps are cooked to pieces, rub the tomatoes through a colander and return the liquid to the fire with a small tablespoonful of white sugar. Heat two cups of milk in a double boiler, and thicken with a heaping tablespoonful of flour rubbed smooth with two teaspoonfuls of butter. When the milk is well thickened, add a pinch of soda about the size of a pea to the tomato, and stir the milk with it. Take at once from the fire. This is a wholesome and delicious soup.

Potato Soup.

Two cups mashed potato.
One pint milk.
One pint boiling water.
One small onion minced fine.
One stalk celery.
One tablespoonful flour.
One teaspoonful butter.
Salt to taste.

Put the potato, onion, celery and water on together and cook slowly one hour. Rub all through a sieve and return to the fire. Heat the milk to scalding, thicken it with the butter and flour, as directed in recipe for tomato and milk soup, stir it slowly into the potato, season to taste and serve at once. If allowed to stand, the soup will probably separate.

Meats.

To a child in ordinary health may be given broiled chicken, steak and chops, roast beef, lamb, mutton, chicken and turkey, and most boiled and stewed meats, excepting always veal and pork. Children very often do not care for plain stewed meats, but a little care will make them palatable. One that is most savory and is comparatively little known is

Brunswick Stew.

Two pounds lean mutton or lamb, cut up for stewing. (Chicken can also be employed for this dish, and it is, perhaps, the best use to make of a tough fowl.)

One quart of fresh tomatoes, peeled and sliced, or half a can of stewed tomatoes.
Two cups string beans, or Lima beans, fresh or canned.
One cupful of corn cut from the cob.
Half a dozen large potatoes.
One onion.
Two teaspoonfuls sugar.
Two tablespoonfuls flour.
One tablespoonful butter.
Two quarts cold water.
Salt to taste.

Stew the meat half an hour, unless it is very tender. Peel, parboil and slice the potatoes, and at the end of the half hour add them to the meat, with the beans, the corn and the onion. Cook very slowly for one hour, stirring often. Then stir in the tomatoes and sugar. Stew the whole half an hour longer, thicken it with the butter and flour, salt to taste, and let it cook fifteen minutes more. Serve in a soup tureen and eat from soup plates. If children of delicate digestion are to partake of it, the corn may be omitted. Green peas, fresh or canned, may be substituted for the beans. The dish is a dinner in itself, and is deservedly popular with those who know it.

Neck of Mutton Stew.

The neck of mutton is one of the best pieces of meat for stewing. It is tender and nutritious, and if properly cooked does not deserve the scorn frequently cast upon it.

Have it cut in pieces and put over the fire with a sliced onion and enough cold water to cover it. Cook slowly until the meat will slip easily from the bones. Remove the bones, let the gravy cool sufficiently to permit of skimming the fat from it, and set part of the liquor aside for soup. Put the meat back on the fire with a cupful of the broth, heat a cupful of milk in a double boiler and thicken it with a tablespoonful of flour rubbed smooth with two teaspoonfuls of butter. Turn this over the meat, let all cook together five minutes, and serve.

Stewed Chicken and Peas.

Cut cold roast or boiled chicken from the bones. Make a cupful of gravy of the latter and heat the chicken in it. Have ready a cupful of cooked green peas, let them simmer with the chicken in the gravy for five minutes, and add a cupful of milk, thickened, as directed in the preceding recipe, with butter and flour.

Chicken Mince.

Chop cold chicken fine. If you have no gravy, make a white sauce. Put a teaspoonful of butter and a tablespoonful of flour in a saucepan and

cook until they bubble. Add a half-pint of milk and stir until the sauce is smooth and thick. This will take about five minutes. If you have gravy, stir this instead of the milk into the butter and flour. Add the minced chicken to the sauce, season it to taste, and when the meat is hot, turn out the mince upon small squares of buttered

toast. Turkey is extremely good prepared in this manner, and cold lamb and even mutton can be heated over in the same way. A little variety can be given by filling scallop-shells with the mince, sprinkling crumbs and bits of butter over the top, and browning the scallops in a quick oven.



THE MOTHERS' PARLIAMENT.

The Point of View. —Don't be frightened by this portentous title, thinking that an essay upon logic is to follow. I merely wish to direct attention to the simple physical fact that a child's point of view is some 2 or 3 feet lower than an adult's, and that this will account for a great amount of what often passes for stupidity and backwardness. Try the experiment of holding your head down to a level of $2\frac{1}{2}$ or 3 feet from the floor of any room or hall or stairway in your house, and see the changed aspect of things—bearing in mind that the memory of your customary range of vision is to be, for the time being, obliterated. A number of objects in the room will disappear entirely; the relative positions of others will be changed; and there will be a difference in the ideas of proportions from the usual ones. Imagine the same conditions in the street, or park, and especially in a crowd of people; in the latter case it amounts to almost the difference between daylight and darkness.

A child is often blamed for not being observant—for instance, after a walk, or a visit to a store—when, in fact, the adult had forgotten that the little inquisitive eyes were away down so low that their natural propensity to discover every curious and interesting thing had had no opportunity to assert itself, and many things which would otherwise surely have been noted and remembered were missed entirely.

It is not at all unusual to see a child's playroom decorated with pictures on the wall, all pinned or pasted at the level of the adult eyes. It is pathetic to see the strained eyes and craned necks of the little victims to the mistaken though well-meant attentions, as they examine with delight their favorites. To get a fair idea of the differ-

ence, we have only to imagine all our pictures hung at a distance of 8 or 10 feet from the floor, and ourselves escorting our friends and asking them to admire one after another. We might also imagine tables 5 feet from the floor, chairs with backs 6 or 7 feet high, etc., and we would then not be surprised if we failed to bring immediately to "mother" the book or spool of thread "right there! Can't you see, Stupid?"

Since our transition from the ignorance of childhood to the wisdom of adulthood has been identical, in time, with our increase in stature, we might do well to consider whether the former has not depended a good deal upon the latter.

The subject leads me to add my voice to the recommendation already made in *BABYHOOD* to provide more child's furniture, *i. e.*, not toy furniture, but chairs, sofas, low tables, etc., for little children. If I could afford it I should have also a first-class piano made to order, in proportionate size, for my children's playroom. I believe my girl and boy would "take to it" as ducks do to water, since they already do, in a limited way, to the large one, being deterred, I often notice, by the bugbear of climbing upon the stool—which in the same proportion would stand, to me, at an altitude of $4\frac{1}{2}$ feet.—*W. B., Grinnell, Iowa.*

—If a man were to come into your house, gather your children around him, and under pretense of amusing them, tell them a story in which theft, conjugal infidelity, and murder figured prominently, what would you think of him?

Would you not expel him ignominiously, with all the righteous indignation of a fond parent who

seeks to guard his children from knowledge of the vice and crime in the world, until they are of age to avoid it?

And yet this very thing occurs every day, and fond mothers sit by and encourage their darlings to laugh over a tale that for depravity and villainess could find its match only in the variety theaters of the slums. Stop a moment and think over the play of "Punch and Judy," as performed every day for the delectation of the children of the highest classes of society. There is scarcely a crime in the list that the old reprobate does not commit, and the spectacle of a murderer tortured by remorse, haunted by ghosts and skeletons and finally meeting the ghastly reward of his sins, is hardly one which a thoughtful man or woman would consider edifying or improving to the youthful mind.

It is useless to urge the plea that the child does not understand the import of the story and sees only the comic incidents. A child old enough to laugh at Punch and his dog may not comprehend theft or murder, but it is certainly old enough to be terrified by the hideous apparitions that come to the conscience-stricken sinner, and those apparitions will be the cause of many an hour of anguish, as the little one lies awake in the dead of night, the cold chill of helpless terror striking to its heart at every sound. A healthy-minded child should have no fear of the dark, but an injudicious nurse or parent, whose choice of tales is not the wisest, and a course of Punch and Judy during the season of parties, will instill the poison of terror into the little heart, and its peace of mind is gone for ever.

That is one side of the question, and one only, but were there no other this should be sufficient to condemn the hideous show in the minds of all thoughtful parents. But there is another, and one even more important, the case of the child too old to be afraid of the ghosts—if we ever reach that age—and old enough to comprehend something of that which is offered for his amusement. Do you pretend that such a child does not understand that he is being encouraged to laugh at contempt of the law, theft, and murder? And can you not see the danger in it?

The most sensitive surface of the photographer's plate is dull compared to the receptivity of mind and heart in an ordinarily bright child, and while the slightest ray of light can efface the image on the plate, the child's mind holds what it has received with a tenacity few parents realize.

Such an exhibition as the one in question can-

not fail to be lowering in moral tone for the innocent spectators, unconsciously at first, perhaps, but the poison is there, and, sooner or later, will work its way to the surface. In view of the fact that our children must learn that there is vice and crime in the world, we tell them of it and of its punishment here and hereafter. That is part of a parent's duty, and quite right and proper. But there is no such carefully instilled moral lesson in the play of Punch and Judy, for although the wretch suffers the penalty of his sins at last, the children are encouraged to laugh heartily at every crime and at each successful evasion of the law. They learn to take pleasure in such sights, learn lessons of cruelty and sinful frivolity they never forget.

Much harm is done by the injudicious tales of nurse or friend who offers to "amuse the child an hour," and even more by the so-called "children's books," whose contents are not examined by the buyers, if the cover is pretty and the pictures gay. A careful mother once said that she searched for hours among the children's books offered by the best firms in the city without finding one she considered fit to take home to her little boy. Death, cruelty, suffering of man and beast were on every page and the theme of every tale. "Little Red Riding Hood," for instance, is a standard child's story. My own childhood was haunted and embittered by a deadly fear of the very name of wolf, which I can attribute to nothing but a too early introduction to that good old nursery stand-by.

The harm done by bad books and terrifying nursery tales is too wide-spread to be reached by aught less than a general uprising of mothers and teachers all over the land; but the first step in this crusade of protection to the little ones is comparatively easy, and is simply this: Abolish the Punch and Judy show in its present form, and banish it to the regions whence it came, the side shows of country fairs and circuses. I would not banish the principle of the puppet-show, for that is of ancient and honorable origin, and could be made a source of innocent amusement and edification. Mr. Punch and his dog Toby also are in and of themselves not half so black as they are painted nowadays, and could be an interesting and laughable addition to a clever, well-written play.

Let us run over the history of puppet shows in general, and of our friend Punch in particular, and see how they are fallen. Marionettes are of ancient fame and wide-spread popularity, for we have record that they were known to the Greeks

and Romans, and they are still, as they long have been, a favorite pastime in India and China. In Europe they were in their glory in the sixteenth, seventeenth and eighteenth centuries; poets of the rank of Goethe and Lessing took notice of them, and Le Sage wrote plays for them in the height of his popularity. Some of the favorite plays for English puppet shows were: "The Story of Noah," "The Patient Griselda," "Dick Whittington," and others. The shows at this time (seventeenth and eighteenth centuries) were large and elaborate, the figures, several feet in height, being moved in a most lifelike manner by wires reaching under the stage. This scenery and grouping of masses on the mimic boards would do credit to a modern theater. These shows, for the most part, traveled about the country, giving performances at fairs or county meetings, or wherever people were gathered together for any purpose. Some, under royal protection, made their home in the large cities only.

Punch's origin is more uncertain, and his history less easily traced. One story is that the name is derived from a vintner of Acerra, near Naples, Puccio d'Aniello, whose grotesque appearance and ready wit defeated a strolling company of players on their own ground. He was induced to join the troupe and became so popular that after his death his appearance was counterfeited by another of the players, and became a regular feature of the show. There are other claims of the invention of the character by Italian actors about 1650, in imitation of the general appearance of the peasants of Acerra, but the Italian Punchinello does not seem to be so pronounced in his grotesqueness as is his northern brother.

The hunchback originated in France, where a hump has always been considered a sign of luck, and the French Punch was rather a nice fellow, cruel only with his tongue.

In England he was first introduced into the puppet show, and rapidly became prime favorite, but he was still the harmless jester, who charmed by his wit and amused by his grotesque deformity. The present play originated in England (Punchinello elsewhere is still associated only with Harlequin and Columbine), and was improved (?) bit by bit to suit the depraved taste of London slums and the uneducated comprehension of the cattle drovers at country fairs.

How or when it first came to be utilized as an amusement for children my researches have

failed to discover, but here is certainly a grand opportunity for some one to earn the blessing of many a thoughtful mother by restoring Punch to his former harmless character and giving him an environment that would amuse and edify his young admirers.—*Grace Isabel Colbron, New York City.*

—I would like to contribute my mite to the guessing-match as to the possible causes of sleeplessness, for an experi-

ence I had with my first boy has been repeated with the second, corroborating a theory formed long ago. For a long time our baby had the habit of twitching suddenly early in the morning when apparently enjoying a sound sleep; and as he grew older he showed a decided temper, as if he recognized that he was being wantonly disturbed in the midst of a refreshing nap. It was especially noticeable in summer, but occurred more or less frequently all the time when in his second and third years. All sorts of theories of indigestion, nervousness, etc., etc., were summoned, but as none would satisfy the case after repeated experiment, the conclusion was reached that the child was likely to live and the world to move on, and that it would be a waste of brain-power to devise any more possible causes for the restlessness, though it was often very annoying to be compelled to see it continue until the victim not only was thoroughly awakened, and an important nap spoiled, but until he succeeded in waking both his parents an hour or two before the orthodox time.

But one morning, as I chanced to lie awake about daybreak, all being still and the windows being open, a rooster crowed. I was at that moment eyeing the crib, and saw my small boy immediately gather himself up with an apparent effort to be disturbed. In a moment the rooster crowed again, and this time the response from the crib was more decided; its poor little occupant gave the well-known twitch, and an expression crossed his peaceful brow which in a child of any other parentage would look much like swear-words. I began to cogitate as to whether, after all, here was not a solution to the long-bewildering problem, and whether the nervous excitement had not always been preceded by the crow, we adults being so used to the latter as never to notice it, when a third crow confirmed my theory, from the fact that it caused a most vigorous and despairing kick that extended

from the heel to the head, the mother having slept soundly meanwhile, wholly undisturbed by the crowing, but susceptible now to the restlessness of the poor innocent baby.

I will shorten the story of many succeeding observations by saying that they were all alike. It repeatedly happened that the crowing of roosters—our own, or even those of quite distant neighbors—would cause a kicking and squirming in the midst of a good nap, really distressing to see, a peculiarity being that the result was instantaneous, almost as quick as the response to an electric button.

Still, I would hardly have thought the matter of sufficient significance to call attention to, were it not that the same condition now exists with No. 2—three years old—and has been noticeable for a year or more. That chanticleer of poetical fame is getting in his terrorizing work.

I suppose it is worth while thus to discover a cause for the fowl injustice to the innocent. Who will point out the remedy? Our babies do not thrive on store eggs, so don't say, "Kill the chickens."—*Paterfamilias, New Haven, Conn.*

—I have followed with interest all that mothers have contributed to BABYHOOD concerning the various artificial

Sterilized Milk with Oatmeal. foods for babies, and particularly everything concerning sterilized milk; but my method of preparing it seems to be different from any of which I have read, and my experience may be of interest to others. Instead of taking the usual dilution of milk, cream and water, I make a preparation of oatmeal and milk. When Baby was six weeks old, I was obliged to stop nursing her, and I then gave her three-fourths oatmeal and one-fourth milk, but have gradually decreased the amount of oatmeal and increased that of milk, till now, at the age of five months, she takes half-and-half. The oatmeal must boil fully half-an-hour and not be too thin. After straining through a fine sieve and mixing with pure milk, sugar and a bit of salt should be added. For children inclined to have loose bowels, barley should be substituted for oatmeal. Into each bottle, containing from five and a half to six ounces of food, I put a scant teaspoonful of lime water. When Baby began taking this preparation she was a puny little thing, but now she is a very strong, healthy child, although not one of those immense babies of whom one hears.—*B. G., New York City.*

A Satisfactory Truss.

—So much is said of ruptures, and there is so little comfort in the description of trusses, that I feel I must acquaint those readers of BABYHOOD interested in this subject with the only truss I have ever found enduring, and a boon it certainly is to little ones having to resort to such measures. This one consists of a celluloid plate made to fit over the navel, having on the outside four small celluloid buttons—two on a side. To these is attached the belt, which is made of two stout elastic bands, terminating at either end in two slender leather straps with eyelets. The bands are connected by a kid pad that must rest against the spine. The only hard part of the entire belt is the celluloid plate, and my little boy does not seem to mind it at all. I take measures, of course, to keep the flesh from chafing, and he has not even been reddened from any other part of the truss, although it is worn as tight as is necessary. I obtained this truss of Dr. Marshall, above Wheeler & Bolton's, corner Clinton and Fulton streets, Brooklyn, and can heartily recommend it.—*V., Brooklyn.*

Electricity for Constipation.

—In reply to the Editor's note on page 322 of the September number of BABYHOOD, may I say I think the movement due entirely to the electricity, not to the insertion of the electrode into the bowel, as the movement does not follow immediately, as it would if the electrode served as a suppository, but on the next day, usually eighteen hours after the application of the electricity, showing, I think, that it is the stimulating effect on the bowels which is beneficial? Originally, six months ago, when first used, I had to apply it every night; now every fourth night is sufficient, and I hope soon to find once a week enough, then drop it entirely. This is contrary to most things used for constipation, which, the more you use them the more you have to, until finally they lose all effect. It is a matter of course that one should not trust an incompetent person to apply it. My nurse is a woman of good judgment, and was shown how to use the battery by my physician.—*A. B. C., Massachusetts.*

[The reasons given for supposing the electricity to be the cause of the improvement mentioned rather suggest to us the gradual relief of constipation in infants and young children which comes from the changes in the development of the bowels.—*Editor of BABYHOOD.*]

—I was lately driving in one of those country omnibuses **Setting the Machinery in Motion**, which for some mysterious reason are called barges, and opposite to me sat a boy of nine. During the two hours drive, that boy eat the following articles, at intervals. First some peanuts, then an egg-biscuit, then some more peanuts, then a piece of chocolate, and finally an apple. This was, on an average, eating every twenty-four minutes. When I see this almost universal habit among children of perpetual eating, I am often reminded of a queer, little, dried-up lawyer, who was a neighbor of mine when I was a child. In quoting his remark I am not responsible for his method of expressing himself. One day he was growling about late dinners, declaring that if he eat luncheon he lost his appetite, and if he did not, he was hungry.

"But why," some one asked, "don't you just eat a cracker for luncheon? That wouldn't spoil your appetite."

"Do you think," was the answer, "that I'm going to set all the machinery of my stomach in motion for a little d——d cracker?"

Was not my profane little neighbor right? And do not our children also set the machinery of their stomachs in motion now for this, and now for that, all through the day, and can such a habit be conducive to that greatest of blessings, a sound, healthy digestion, when they arrive at maturity? Look at a city child going to spend the day at the sea-shore. The mother tells you she often takes him because the change must do him so much good. As soon as the child reaches the boat, he sees some one selling candy or peanuts, and the mother gives him some. Then on the boat he remembers that his mother has a basket full of cake, and immediately demands, and gets some. Arrived at the beach, a candy-stand, that curse of our modern times, attracts his attention, and again he must have candy. At last, dinner is taken at some public table, and the child eats anything that he asks for, perhaps making his dinner upon fried fish, clam-fritters and pie. The mother could have benefited his health just as much by keeping him at home and giving him regular meals at regular intervals as by taking him, at considerable expense and trouble, to the sea-shore, for whatever benefit he has derived from the sea air has been balanced by the constant strain upon his digestion. Why will parents do so? When they have a fine, healthy child, why can't they try to keep him so?

How many splendid-looking babies grow into thin, fallow, nervous boys and girls by the time they are seven years old, just because half the strength which they need for growing is wasted upon the digestion of every sort of trash, eaten at every hour of the day! Then when manhood and womanhood comes, "that hydra-headed monster, indigestion," as a certain physician called it, has got his grip upon them, and its depressing effect upon the mind spoils the life that might otherwise be a happy one.—*A. P. Carter, Massachusetts.*

**The Baby's
Photograph from
the Mother's
Standpoint.**

—May I say a word about the baby's photograph from the point of view of the parent and not of the photographer?

Not long ago, in response to the repeated requests of her grandmother, I took my little girl to get her picture. I went to a photographer who was recommended to me as making a specialty of children. The fuss of preparation for the baby consisted solely in having on a clean, simple little white frock, as she does every afternoon. She was accompanied only by myself and the nurse who carried her; no doting grandparents, adoring aunts or other objects of the photographer's scorn. The baby is a healthy, happy little creature of fourteen months, always smiling, had her picture taken with triumphant success at five months, and had never been known to be afraid of anything, no matter how alarming. The pleasure of having her mother go out with her was an unusual one, and as we went down-town she was in the merriest and most effervescent spirits, a little too promiscuous in her friendly advances to strangers on the car, as she is apt to be, but altogether as jolly and contented as possible. When we reached the photographer's the pictures and toys amused her and she was still mirthful. But this idle gayety was soon to be suppressed.

I indicated the size of picture that I wanted, and was going on, in blind confidence that my wishes had something to do with the photograph, to say, "I should like to have her sitting thus and so." But I was instantly interrupted by the photographer, who said brusquely, "We have to take babies as we can get them, not as we would like to have them." I recognized the force of this remark and immediately yielded my point, though I thought it would have done no harm to at least make the effort to accommodate me. I placed the child as directed, seated squarely on a

broad chair elevated on a high platform, where she looked a little anxious, but was easily distracted by a big ball which I bounced for her until the photographer, a wild, unkempt-looking man, approached and tied a string round her waist to secure her to something at the back. If he had—as he might have perfectly well—passed it round from behind it would scarcely have attracted her attention, but this strange looking man, thrusting himself between me and her, was too much for her baby nerves and she burst into loud tears, holding out both arms appealingly to me. When I tried to reassure her with the ball I was pre-emptorily informed, “If you don’t leave this child alone, I can’t get a picture of her at all.”

I held my peace, but continued to entertain her with the ball while the photographer was fixing his plates, and she was soon smiling radiantly with the big ball clasped to her breast with two chubby hands. I thought the effect very pretty and suggested that she should be taken quickly that way while she was so happy. But this suggestion also was sternly ignored. When all the preparations were completed I was abruptly ordered to stand back, and did so while the photographer held up a twirling toy to attract the baby’s attention, tossing the beloved ball away. Of course she stretched out her arms and he said to me brusquely and somewhat inconsistently:

“Put her hands down! If you don’t help me with this child I shall never get a picture.”

After two negatives were secured I was dismissed, and came home indignant and sure the picture was a failure, but glad I had kept my temper and held my tongue.

When the proofs reached me, five people to whom I showed them separately agreed that they would have had no idea for whom they were taken. I was not expecting a Cupid or a Raphael’s cherub, but the child’s worst expression had been adroitly seized, and the hanging jaw and feebly rolled-up eyes looked much more like an infant idiot taken at its expiring gasp than like our merry-eyed, happy little girl.

If this were a solitary experience I should not allude to it, but I have known of many similar ones. Would it not be well for the photographer occasionally to go on the hypothesis that the baby’s mother knows something about the child? I am not a woman of extreme youth, or of noticeable imbecility of appearance, and in all the ordinary affairs of life pass for a person of average intelligence. Is it necessary for the photographer invariably to assume that I and all other mothers

are fools, and that he alone knows it all? I submit this question for his consideration.—*Elizabeth Elliot, New York.*

—“Oh, dear, I’ve just washed my hands and sat down to **The Child’s “Between Meals,”** my sewing and now you want some bread and butter,” exclaims a hurried mother to her hungry little one, as she reluctantly and impatiently lays aside her work, goes down into the cellar for the butter, cuts bread and spreads it, clears up the crumbs and washes her hands, consuming some five minutes of valuable time, and considerably fraying the edges of her temper. And as every mother knows, it is very annoying, and sadly interferes with accomplishing anything. Here is the way I manage this matter. When clearing the breakfast table I spread what bread I judge necessary for the “between meal,” and cover it up with a basin, leaving it where the child can get it. If a cup of milk is to be allowed, I also set this in a cool place, covered from flies, and where the child can help itself.

My between meals are always bread and butter and milk—nothing richer or more complex of digestion, though the giving of dainty bits of pie, cookies, cake, meat, sauce, etc., might sometimes be easier to me and apparently in the interest of economy, but these bits are eaten at regular meal times or not at all. If children require a “between meal,” or think they do, health demands that it be very simple.

I teach my children to ask for their lunch, but let them get it after they are able to walk. Then I keep a wash-cloth where they can get it to use, and this saves me much trouble and many grease spots. At noon, before removing the food, I make preparations for the afternoon “between meal.” I cannot tell what trouble this method saves me and my children also; and I wish every mother with growing, always hungry, little ones, would try it. It will save many interruptions and great loss of patience.—*Estelle Mendell, Belmond, Iowa.*

—For the benefit of mothers who may be beset with that first lion in the way of nursing their children—sore nipples—permit me to say that Parker’s Oil and Nipple Shields afforded me immediate relief. It is an old remedy, but an excellent one. The shield is a simple device for keeping the nipple moist and untouched by the clothing. The oil is quicker in its effect than vaseline or olive oil. For

the second common difficulty—insufficient milk—I found Mellin's Food two or three times a day of great benefit, but, better than anything else, milk in as great a quantity as the mother can take. I have drunk a quart a day, and my child at nine months weighs 23 pounds.—*K. M. C., Vermont.*

—Caroline B. Le Row, writing in *BABYHOOD* and quoted *Homesick?* in the *Congregationalist*, where I saw the article, asks this question: "Are children ever homesick nowadays?" I cannot answer her as to children in general, but I can tell her about one boy who was homesick this summer. He went to a country farmhouse with two sisters near his own age, and they were under the care of a most kind and motherly lady; but this boy, nine years old, appeared every morning with eyes red from crying in the night, and at last his mother received a letter from the lady saying that she feared to keep him longer, as he was making himself sick and had refused to get up to breakfast, saying he should stay in bed until he started for home. By the same mail his mother received in one envelope two little letters from him, written on brown wrapping paper, begging that he might be allowed to come home. She afterwards found he had begged a stamp and

envelope from the servant at the farmhouse and thought the letter was posted without the knowledge of his kind guardian. The problem that mother has before her is how to teach that boy to be happy away from home. In her own childhood going out to tea always meant a feeling of painful desolation as soon as it became twilight, and when her father came to take her home she felt as Robinson Crusoe might at the sight of a vessel. Does not the lack of home feeling begin with the mothers of these modern philosophical non-home-loving children?—*Alice Kenway, Newton, Mass.*

—"Interested Subscriber" wishes to know how to avoid the taste of boiled milk in sterilized milk. If she will sterilize the milk only twenty minutes and use milk sugar, I am confident she will have no further trouble. Perhaps the formula we use would be of use to some one:

| | |
|-------------------------------|-----------|
| Cream (centrifugal) | 6 ounces. |
| Milk | 4 " |
| Water (distilled) | 20 " |
| Milk sugar | 1 ounce. |

We put the whole in 5-ounce bottles, giving one at a nursing. We have tried various foods and this has been the only one to agree with our boy.—*G. E. S. K., Roxbury, Mass.*



MATERNAL INSTINCT AND MATERNAL INTELLIGENCE.

BY ELIZABETH MANLY.

THERE are few sights in nature so touching as that of brute motherhood. That absorbing tenderness which disregards pain, weariness and even death, must touch the hardest heart and has raised maternal instinct to the level of a virtue. It is probable that the wastefulness of such love would detract from our admiration of it were it not that the death of the mother, if it does not occur until the young are able to take care of themselves, is to their distinct advantage. In transmitting to them the qualities which have insured her survival to adult

life and caring for them during the brief period of infancy, she has done all in her power for them, and by dying leaves a larger share of the food best suited to their needs.

How different is the case of the human mother. The bearing and suckling of her offspring are only the beginning of her duties towards them, duties which increase in importance with every year and which demand vigor of mind as well as of body. Wastefulness here should indeed excite contempt, yet how often is it lauded as maternal devotion!

The mother who wishes to give her child all the advantages which belong to him as a member of the human family will not be guided in her care of him by maternal instinct. She has something far higher at her command—maternal intelligence. One of the advantages of the possession of intelligence is that it enables us to exercise foresight, and the mother who wishes to care wisely for her child will not fail to recognize this, and from her knowledge of herself and the probable needs of her baby will decide how much she should care for him personally and how much she must leave to others.

In making this decision she must remember that she has entered upon a profession in which her health is her capital, which is to yield daily strength for her duties. This capital should be held as sacred as that from which her husband's income is derived and should never be encroached upon except in case of extreme need, and even then should be spent with wise economy and replaced on the return of better days. It is never wise for a mother to live up to her income, for childhood is full of emergencies which call for unusual expenditure of strength.

But besides the duties of a mother to the children she has already borne, there is the necessity, which should always be present to a woman during the childbearing period, of being in a fit state to give to the possible baby its birthright of health. Few married women know when a fresh call to motherhood may come to them. Happy is she who, conscious of being ready for her task, can respond cheerfully as did that holy woman of old: "Behold the handmaid of the Lord. Be it unto me according to Thy word."

"But," says some expectant mother, anxious to do her duty to the coming baby, and perplexed by the contradictory counsels of experienced friends, "surely there are some services which I, as a mother, must render in person to my child which no one else should be allowed to perform. Mother says that she never gave up her children at night. Aunt Harriet thinks that a baby under two years should always be bathed by its mother. Mary prepares food and washes bottles herself, and Louise declares that no nursery-maid can be trusted with a baby carriage. I am not strong, and I already begin to feel that I may not be able to do all these things myself."

No, my dear, probably not; and the worst of it is that there are as many more, equally necessary to baby's well-being and which nobody has yet

mentioned to you. But you are quite right in supposing that there are offices which no one but a mother can render to her child. They are two: companionship and personal direction and supervision of every detail of a child's care. Beyond these everything which, with a clear head and a sound body, you can do in person for your child will be better done by you than by another; but better a thousand times that your clear head should direct the strong and willing hands of others than that your confused brain and unstrung nerves should urge a weak body to tasks for which it is unfit. Baby will be better served now, and in the future will have a mother worthy the name.

There is no voice, human or divine, to tell a civilized woman what to do for her child. God has given her intelligence, and he expects her to use it.

When a mother has decided that she must share the care of her children with others let her not despair of finding those who are worthy. It is difficult to fill this, as it is all places of trust, but it is not impossible, and, even if the best cannot be found, with the direction and oversight from the mother, which she should never resign to the most capable assistant, no real harm can be done.

One word for the mother who must care personally for her children, even though she may know that her strength is not equal to the task. Perhaps her case requires the highest intelligence of all, for she must decide what to leave undone for the family in order that they may have more of herself. While other women can indulge their maternal instinct at second-hand, she must often suppress hers altogether.

In conclusion, I will touch on that sad circumstance of which every one must be aware, that it is often the women who have apparently done most for their children who receive from them least care and homage in after life. It has even been said that the mere fact of a woman rendering personal service to a child lowers her in his eyes. Thank God this is not true; but children are keen critics, and it *is* true that they feel an instinctive contempt for a mother who resigns the position of superiority which nature has given her over her children for the pleasure of being their servant.

Any intelligent mother may be sure that whether she "works willingly with her hands" or "looks well to the ways of her household," her children will "rise up and call her blessed."



NURSERY HELPS AND NOVELTIES.

Toilet Aids.

THE articles on Baby's toilet bring to my mind a small matter, small but yet important, that I should like to call attention to. I am sure the readers of *BABYHOOD* would be surprised to learn how many babies of intelligent parents possess one sponge and one towel. Very often have I seen mothers, who thought themselves models of cleanliness, use the same sponge for Baby's face and all parts of the body. To my mind, a small velvet sponge and a little towel of old linen, kept for the face and hands exclusively, is as necessary as clean water. The sponges should be dried in the sunlight, and should they become sour a little soda in hot water will soon sweeten them. It is impossible to be too careful about small matters. If mothers would be more careful about little things, the big things would take care of themselves.

E. M.

Cleveland, O.

The Baby's Carriage and its Furnishings.

COULD Baby express her thoughts she would, no doubt, tell us that of all her worldly possessions none is a source of greater comfort or greater pleasure to her than her little carriage. Baby carriages are nowadays to be found in such great varieties, and at such different prices, that all tastes can be gratified, and what was once a luxury, in which only the rich could indulge, is now found in almost every home. The most important point in selecting carriages is to see that the springs are the best to be had, and the straps sufficiently strong. For people living in apartments or boarding, the folding carriage will be found a great convenience.

Baby's carriage may be furnished to suit any taste, either very handsomely, or very simply, but none the less tastily. A very elegant parasol cover may be made of all-over Valenciennes lace, edged with two ruffles to match. If you wish something more elaborate make the center cover of lace ruffles. On the other hand, a very pretty and much less expensive cover may be made in the same manner of white, dotted wash net.

Baby's pillows may be covered with silk on silesia of a delicate shade. Embroidery, a little more than half the width of the pillow, with the prints sewed together in the center and edged with a ruffle of the same, makes a very handsome pillow slip. As for baby's carriage robe, there is such a variety that one hardly knows where to begin. A very dainty robe may be made of white China silk with a delicately tinted design. If intended for summer use, a lining of the same material with one or two sheets of wadding between that and the cover, will make it very soft and not too warm. For winter, a quilted lining is preferable. Edge the robe with lace ruffling to match the parasol cover. A robe to match the net parasol cover and lined with the color of the pillow, will also be very dainty and more serviceable than the first mentioned.

New York City.

J. G.

A Brake for the Baby-Carriage.

THERE is a simple contrivance which is very useful and inexpensive and may not be known to some mothers. It is a brake for the baby-carriage. A steel or iron plate is fastened firmly to the inside of the hub on one wheel. The edge of this plate is notched, and a rod is fastened on a pivot at such a distance that it can be pushed into one of the notches and so keeps the wheel from turning. This holds the carriage firmly so that neither the wind nor a child can roll it away. It is especially useful to one who has to do errands with Baby and must necessarily leave the carriage alone, with or without Baby. There are also different styles of brakes which can be put on any carriage. Mine was put on when we bought our carriage, and cost only twenty-five cents.

Boston.

E. P. S.

A Nursery Refrigerator.

ONE of the most useful additions to a nursery that I know of is a nursery refrigerator. The kind I have had in use for seven years and which is as good as ever is made of black walnut and about 2 feet square. It has double lids and is

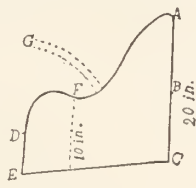
divided into two compartments, one of which is zinc-lined for holding milk food, etc., and the other, porcelain-lined, holds the ice, from which drinking water can be drawn through the faucet attached to the outside. It cost about \$10, and I have found it invaluable in case of sickness and at all times. I always boil, strain and cool the drinking water, and then keep it covered in this refrigerator. During an illness like confinement a nurse finds it step-saving indeed, and being small it can be placed upon a table in any corner of the room out of the way, and is not at all unsightly. It can be obtained of any good dealer in hardware, and is far preferable to the tin ones, being more durable and preserving ice longer.

Brooklyn.

A SUBSCRIBER.

A Substitute for the Chair.

IN BABYHOOD, some months ago, appeared a request for something to take the place of a nursery chair. I devised a chair for my baby which she used for several months before she was able to sit up. I found holding her over a chamber vessel quite unsatisfactory, as she grew tired and fretful very soon. A carpenter made me two boards shaped like the illustration. They were fastened together by boards front and back from *A* to *B* and *D* to *E*, leaving *B* to *C* open. The rest I did myself. A stout piece of sacking was tacked over the whole, with an opening at *F* the proper size and shape, strongly bound to prevent stretching. Straps of cloth as indicated at *G* were



tied across under Baby's arms, and in this she could sit comfortably for half an hour or more at a time, indeed, seemed to enjoy the posture. I propped the baby in a sort of sitting posture with pillows until she seemed perfectly comfortable, and followed the curve of the body as nearly as possible.

Concord, Cal.

M.

A Simple Treatment for Rupture in Babies; The Hank Truss.

MAKE of the best zephyr a hank, from sixteen to twenty inches long, depending on the size of the baby, and not less than thirty strands thickness. The mode of application is as follows: Say the rupture is on the right side—the index finger of the left hand is passed through one end of the hank and held on the center of the abdomen about an inch and a half below the navel. The other end is carried around the hips to the left side and back to the starting point. Then it is passed through the first loop, and the rupture must now be put back with very careful pressure and the band tightened. The free end is next carried under the thigh of the ruptured side and made fast to the band going around the hips, by means of small tapes. The hank should be made not too long, as a space of one inch or more should be left so that the tapes may be tightened. The cross in front must come just over and above the ruptured spot, and should difficulty be met with in holding, a knot may be made at this point, which gives a larger pad. The bandage must be worn day and night for six or eight weeks, only being changed when soiled. Great care must be used to have some one place the finger over the spot when the change is made.

New York City.

S. E. MILLIKEN, M.D.

A PHASE OF GOVERNING.

BY LAVINIA S. GOODWIN.

ON the question of punishments, one that is so unavoidably connected with child training, BABYHOOD contributors have very generally, I believe, drawn the line at whipping. Times have changed, and this change is accepted as an advance in civilization and social amenities since King Solomon proclaimed the rod unspared the agent for producing the child unspoiled. In the development of the human species, the young

animal has attained a higher intelligence and a keener sensitiveness, with an increased quickness of apprehension, and with moral faculties earlier in exercise; he is consequently better capable of being controlled through his affections and his sense of right and wrong—otherwise his awakening conscience.

If we turn to the laws and usages of the more advanced nations on the earth, we find certain

very obvious modifications in the treatment of public offenders. Our penal institutions have become notably reformatory. Bodily infliction, as such, is but seldom administered, and is regarded with pronounced disfavor. Flogging, especially, once so popular on land and sea, is virtually abolished without any detriment to law and order. On the contrary, it has been proved that a more excellent discipline can be maintained by means that appeal to the man within the culprit, and that couple possibilities of future respectability with present subjection. Injustice and brutality, real or seeming, are eliminated from the penal code; the disgrace incurred is not too utter to be beneficial, or to admit of educational measures and restricted diversions taking effect on the mental and moral natures of an individual.

The unit of a nation is the family. The fact that whipping is a punishment devoid of culture should weigh heavily against it, making it at most the ultimate resort in case of children who stubbornly resist the higher methods of training. The child who fails to render quick obedience to authority in a moment of anger to which it has been provoked, may be much less at fault than the parent or teacher who exhibits before it a low degree of self-control and a small measure of tact and sound judgment in the avocation of child gardening. Given a handy rattan and the disposition to wield it, whether in family or school, and the occasions for its use would appear to be multiplied. A whipping, it must be remembered, cannot be taken back even when, as may happen, the infliction is found to have been as wrongful as it was hasty. It can neither be undone nor wholly obliterated from memory when the child is grown, and the parent, at last, has arrived at the years of discretion.

I have here taken the common point of view, and assumed that whipping is an excessive and a cruel punishment, blunting the feelings of both parties concerned. We all have heard, if we have not known, of even the young becoming hardened under repeated castigations till blood and bruises could not extort from their lips a cry or a moan, and the punishment had lost all influence to deter from wrong-doing. Probably no person familiar with this kind of correction but has seen a blow met by defiant looks, and the

threat of a whipping by indifference, or perhaps a covert sneer. Surely, such issues speak ill for a method intended to exorcise the spirit of evil and cultivate respect for wholesome rules and those whose duty it is to enforce them.

There comes to my mind a ludicrous instance where this punishment damaged the character by fostering deception. The child of a whipping mother very early took for her motto, "The more ado, the fewer blows"—in other words, she learned through experimenting that a vast uproar at the commencement of hostilities would satisfy the maternal vengeance and greatly lessen the force and hasten the end thereof. The amount of screaming and contortion that the little hypocrite brought into play accordingly was as good as a farce, if the beholder could help reflecting on the legitimate outcome.

I think the most strenuous objector to the whipping cure will admit, however, that where corporal punishment is necessary, it ought to be severe enough to stand for more than the travesty of justice it can be with a class of parents and others whose threatening and performance illustrate the bark and bite of the dogs in the proverb. For example, a girl who was no longer a baby except by courtesy was promised a whipping if she "ran away" to the neighbors ever again. At the first temptation her disobedience was repeated. This is the result as she told it when hardly out of her mother's hearing, with eyes dancing with fun and hand to her mouth to repress the bursts of laughter: "I went to Lizzie's house, and played in her yard till I wanted my supper. Then I came home. Mother was folding the clothes for ironing. She made a switch of a towel and hit the skirt of my frock with it three or four times, and she said: 'There, didn't I tell you I would whip you if you went again without leave?' Such a whipping! it didn't hurt the least bit." On the whole, whipping, as indicated all the way from the cat-o'-nine-tails to that past favorite instrument, the supple birch, and from birch to applied huckaback, would seem to be a method of punishment so difficult to apportion to specific transgressions, that men and women who deal justly and love mercy and read *BABYHOOD* will little incline to do anything to raise it from the desuetude into which it has fallen.





NURSERY PROBLEMS.

Obstinate Hoarseness.

To the Editor of BABYHOOD :

My baby causes me a great deal of anxiety by his almost constant hoarseness. I notice it every little while, and four or five times within the past three months he has been so very hoarse that I have been afraid he was going to have croup. Each time he was all right again in a day or two, leaving me quite in the dark as to the cause. He may have taken a little cold, but there were no other signs of it. He was born last December, and got through our severe winter without any trouble whatever. The first hoarseness was in May, when I took a severe cold and almost lost my voice. He "nursed" this, but got over it when I did, and as I have had no further trouble, I don't suppose it could have harmed him in any way. In July I began to put him down in his bed when nap or bed-time came and leave him to go to sleep by himself. The poor little fellow cried dreadfully for days, and, I thought quite naturally, cried himself very hoarse. I have sometimes been afraid he strained his throat in some way then. It has been suggested, inasmuch as the night-air is very damp here, that I admit it too freely to our sleeping-room. The baby's bed is not near the window nor in any draft.

(1) Is it true that teething may cause such hoarseness? He has six teeth and is busy with the next.

(2) What does BABYHOOD think the cause in this case?

(3) Does it look as if he were destined to be "a croupy baby?"

(4) What are the last remedies for a mother to keep on hand in case of sudden attack?

(5) Shall I try to take him out every day this winter when the weather is not actually bad?

Montpelier, Vt.

F.

(1) It is true that at the time of teething some children are ill, and among these some have catarrhal troubles of the bowels, bronchial tubes or throat. It requires a predisposition in our judgment for teething to cause any mischief.

(2) Probably a sensitiveness of the laryngeal mucous membrane, which is early irritated from any cause. Look well to the general nutrition as a cure, especially if he is a sweating baby.

(3) Possibly, but not necessarily. Remember also that the common croup, while startling in its sound, is ordinarily not dangerous.

(4) Cold sponging about the neck and chest with quick drying we think a preventive in that it renders the skin less sensitive to chilling.

For any attack of catarrhal croup the best simple remedies are, we think : (a) Heat, which may

be applied by giving a drink of milk as hot as can be taken; applying to the throat a sponge or cloth squeezed or wrung out of water as hot as an infant's skin will bear. (b) Emetics, of which syrup of ipecac is as safe as any. A teaspoonful may be given and repeated in half an hour if necessary. (c) A croup kettle or any contrivance to make steam is of service if the attack is prolonged. The household tea kettle or a sterilizer can be used in the bedroom on a gas or oil stove.

(5) Probably, yes; putting days of violent wind or dust into the category as actually bad.

Persistent Inaction of the Bowels in a Well-Nourished Child.

I WISH to appeal to BABYHOOD, begging for a speedy and exhaustive reply. My excuses for being so urgent are, first, my implicit faith in BABYHOOD, and secondly, my dire need of and necessity for good advice.

My little baby boy was born November 7, 1890. He had no action from his bowels whatever, in spite of castor oil, soap sticks, etc., only an occasional little stain on the napkins. His bowels became swollen and distended with gas till slick as glass, and the skin fairly shone. He vomited incessantly—first milk tinged with green, and finally a perfectly green substance, which the doctor called "gastric juice." Enemas of water and glycerine did no good. The doctor said he had obstruction of the bowels and would live at most only eight days. The doctor used a catheter and took from his bowels the meconium. Then from day to day he relieved the baby's bowels, first with an enema of warm water, which would remain in his bowels indefinitely, if not drawn off with the catheter. This water would return through the catheter, thickened with perfectly healthy and digestive faecal matter, accompanied with great quantity of gas. The doctors attended him daily all last winter, trying different purgatives, calomel, etc., with no effect. The child kept well and was only uncomfortable when his bowels were not relieved by the catheter. The doctors would try leaving him unrelieved sometimes for three or four days. In that time a quantity of gas would accumulate, causing him pain. Occasionally he would have a watery stool, until, I suppose, by the time he was six months old, he may have had as many as half a dozen small discharges.

When he was seven months old he was a large, fat, rosy, happy baby, sleeping gently and nursing always well. His sole refreshment was my breast milk, and this seemed always sufficient and perfectly digested. When he was seven months old he was

taken sick with high fever, his bowels moved naturally several times, but still the catheter had to be used to fully relieve him, especially of the gas which accumulated. His fever was finally checked by antifibrin, his bowels became healthful, and he again seemed bright and well.

We then carried him north to a hospital for examination, being so uneasy about his strange condition. There he was given chloroform and his bowels were thoroughly examined. The surgeons declared they found no obstruction or unnatural condition whatever, further than perhaps an unnatural tightness of the sphincter muscle, which they sought to relieve by circumcising him. The doctor who had treated him all winter on hearing of this treatment disagreed with them. He contended there was some partial obstruction in the bowels and that he knew the child had no shadow or suspicion of phimosis. At any rate, the circumcision was done and it accomplished no good whatever—simply worried and caused the child irritative fevers till healed. Meanwhile, from other grief and trouble, my milk was somewhat deficient and he grew sick and weak and was reduced to skin and bones. However, we relieved his bowels just the same daily, running a soft rubber catheter easily up into them. The medical doctor at the hospital, after seeing his bowels swollen till the large intestine was distinctly marked, said he had want of tone of the large intestine and would possibly outgrow it.

We brought him here from the hospital last day of June a wreck, as far as strength and flesh were concerned. The poor nursing and treatment at the hospital I think was the cause. The nurses didn't understand managing a baby at all, would bathe him at half past five in the cool morning hours, with windows open, and kept him awake all night by bad management, gaslight burning over head, etc. He began to improve as soon as he left that horrible surgical ward of the hospital, slept all night on the train for the first time in weeks, and awoke next morning with his poor little pale face wreathed in smiles and cooing to all who noticed him.

I brought him to a very healthful country village, where I secured a nice, kind negro woman to carry him about in the fresh air in her arms. She would carry him out early in the fresh morning air and on returning I would bathe him in sea-salt water and rub him well. I kept him lightly clad, having a shirt on him with a linen back and flannel front to pin down over his bowels.

He has improved daily and fattened and gained strength wonderfully. His skin is beautifully pink and rosy, his flesh firm and solid, and his eyes clear and bright. He is full of play, and merry and happy always—the best baby I ever saw; full of intelligence and eager interest in all around. In fact, he seems very unusually intelligent. His back sometimes seems not so strong as was the case with my other children at his age, though it is not weak. He does not stand much on his feet, though he kicks about strong enough and rises up on his feet when allowed to do it. He weighs 17½ pounds (is short and fat), has one tooth through, and three others nearly through, and is ten months old. He is nursed entirely.

(1) Please tell me how soon to begin feeding him, and with what?

(2) If I use sterilized milk and give it to him to drink from a cup, should the cup be sterilized and how could the cup be sterilized?

(3) I am warned on all sides not to begin giving cow's milk till permanently located for the winter and I can use all the winter the same milk. Does sterilizing insure a sameness of character as to the milk,

or does BABYHOOD think there is danger in changing to different cows?

(4) Does BABYHOOD advise above everything else a trial of cow's milk?

(5) Does BABYHOOD know anything of the brand of unsweetened condensed milk called "Highland Evaporated Cream?" I used it with a delicate child who could not digest anything else. Please tell me if it is a reliable food and sufficiently nourishing till all the principal teeth have come?

(6) Please tell me if the "Kingwood Sterilized Milk" would be more reliable than milk I could buy here and sterilize myself?

(7) Is "Malted Milk" sufficient nourishment and to be depended on as food till all the teeth have come?

(8) With a light flannel band, would a silk shirt be warm enough for him this winter? We have a mild, warm climate, and he suffers greatly with heat, and the flannel seems to irritate his skin.

I beg you will pardon such length and will kindly answer my questions carefully, as this little baby seems to be making such a brave fight for life under such peculiar circumstances. I want the best advice from the best source, viz., BABYHOOD.

He never has any natural action from his bowels. I relieve them daily with a soft catheter and tepid water. He grows and thrives now, but I dare not appeal to the physicians, who would tell me to feed him on mashed potatoes, grits and gravy, etc., and of course I cannot let him depend indefinitely on my breast milk, though he is taking that only at present. AN ANXIOUS INQUIRER.

North Carolina.

The case of your little one is interesting. The points to be noted which bear upon your questions are the following:

He is ten months old, of good fair weight and development. Except when under treatment in a hospital for the special ailment, he has seemed to be otherwise in perfect health and has apparently regained what was then lost. The one ailment is that he has (practically) never since birth had a natural movement, being daily assisted by enemata inserted through a catheter used as a rectal tube.

(1) He may be partly fed at once and totally weaned by the age of twelve or thirteen months. The dietary should be preferably mainly of milk and the gruels of oatmeal, as so constantly advised in our columns. If you cannot get good milk some of the best foods can be substituted, but at his age he probably will not need any such thing if good milk can be had.

(2) If you can get good uncontaminated milk we should prefer not to sterilize it in cool weather, owing to its apparent tendency to increase constipation. A cup which is washed in boiling water is sufficiently sterilized.

(3) We do not share the fear of changing milk if the milk be good. BABYHOOD has often enough expressed its disbelief in the "one cow" theory. Herd milk averages better. The whole question is, is any given milk good, i. e., free from

contamination and originally of good quality? Sterilization does not make any sameness of character in milk. Simply by killing existing organisms and preventing the ingress of others we may keep the milk sweet and prevent certain diseases due to such organism. In other respects milk is not improved by sterilization. Whether it is impaired is as yet unsettled.

(4) Unless there is some known objection to it.

(5) Only as a table delicacy. We should have no fear in trying it as a food with gruels, however. It is sterile when sold and in so far safe. We have no analysis of its even proportion of cream (fat).

(6) It all depends upon the quality of your milk and the care with which you sterilize.

(7) We cannot tell this out of hand. We have already expressed our preference as to diet.

(8) Yes, probably in your climate.

Changing the Diet for a Child of Feeble Digestion.

To the Editor of BABYHOOD:

(1) My baby is just a year old and I am preparing to wean him. I nurse him and feed him now one meal a day of boiled milk and Robinson's patent barley, in proportions of one-third milk to two-thirds barley water. He weighs 21 pounds and has gained very slowly and has not a good color, getting blue around the mouth and eyes when slightly fatigued or indisposed. His digestion has always been poor and we have to be very careful. The patent barley food seems to agree with him. How soon shall I increase the proportion of milk and feed him more frequently in place of nursing?

(2) How soon can I vary his diet and with what?

NEW SUBSCRIBER.

(1) You can increase the proportion of milk now; as he has been accustomed to very diluted food it will probably be better to increase gradually until you see how it is borne and if the casein is well digested. If it is not, curds will appear in the stools. Say, give half milk for a week, then two-thirds and then perhaps a little more. The barley water is useful and may be continued in some proportion for some time yet. For a child of feeble digestion the varying of diet should be very cautiously done.

(2) You will find details in an answer to "L," in Condensed Column.

Preparing Absorbent Cotton.

To the Editor of BABYHOOD:

Please tell me how to make ordinary cotton batting absorbent? I know that I can buy it prepared, but in the quantity I want think it will cost less to prepare it myself.

S. Q. S. G.

Glen Moore, Pa.

We doubt if you can prepare it more cheaply than you can buy it and have it really good. The

process is, as we believe—never having seen it done—essentially the removal of the grease by alkaline solutions, boiling or otherwise. To have it nice requires a great deal of manipulating, which is done we think by machinery. The wood-wool may be cheaper if only an absorbent is required.

Clammy Hands; Thumb-Sucking; When to Commence Mixed Feeding; Proper Intervals of Nursing.

To the Editor of BABYHOOD:

My baby boy is just three months old, and is seemingly in perfect health, never having had much colic and deriving all nourishment from the breast. I should like to ask a few questions:

(1) Why should he have clammy hands and feet?

(2) Is there any way to break so young a babe of thumb-sucking? If not now, how soon can I commence and what shall I do?

(3) How many movements of the bowels a day are considered proper and healthful at his age?

(4) How long should a mother with quantities of good milk nurse a baby without giving other food in connection with the nursing?

(5) I have been told if the child nurses until he is too old he will not take other food; is this so?

(6) I have been nursing my boy every three hours; is this too often? If so, how often should he be nursed?

A NEW SUBSCRIBER.

Illinois.

(1) This cannot be definitely answered. It probably depends upon some peculiarity of circulation. Some persons have it throughout life.

(2) Only by actually preventing his putting his thumb in the mouth or by taking it out if he puts it in. But if he really has a habit of doing so, nothing short of confining the hand will, at his age, break it up, and it may be doubtful whether the game is worth the candle.

(3) About three.

(4) Provided she continues to have "quantities of good milk" she need not feed until she meditates weaning, say ten to twelve months. But she should be sure of the proviso. At an earlier age and even now it is judicious to teach the child to drink water from a cup, and thus prepare the way for feeding.

(5) No; but children who are unwilling to change are often allowed to nurse too long.

(6) No. The interval of three hours will do for some months yet during the daytime. Night nursing can be diminished soon.

Refusal to take Liquids; Poor Appetite; Scanty Urine.

To the Editor of BABYHOOD:

Can you give me advice or suggestions which will help solve the problem of food for my little one twenty-one months old? I have not found anything in the numbers I possess which fits her case. This

is a brief history, as far as related to the present questions. She was born well and strong, weighing at birth 7 pounds. Her only troubles have been constipation, an attack of diarrhoea in the summer and a cold. She was nursed for three months, then put upon sterilized milk, diluted at first with water and lime-water, and increased by the addition of some cream. At eight months she began to take one meal a day of oatmeal gruel from a medicine cup and finally from a spoon. This was done to help the constipation which the sterilized milk seemed to produce. This was continued until seventeen months, when she utterly refused oatmeal or any other cereal; and by refusal (here and elsewhere) I mean that only by force could any be gotten into her mouth, and then it would not all be swallowed.

She had by this time formed a taste for oatmeal and Graham crackers, which were allowed at our breakfast time, and one meal of her four was now made of these or Graham or corn bread or both. At twenty months I made the attempt to wean her from the bottle and induce drinking from the cup. It was entirely unsuccessful. By no means in my power could I make her take milk except from the bottle, and after a ten days' trial it resulted in her refusing that also. It is now three weeks since she has had a drop of milk. Her only food is the "Health Food Company's" granulated wheat wafers, Graham and corn bread and water. All attempts to force anything else are useless and very distressing. I have tried to smuggle in beef juice, milk, etc., but the slightest moisture in the crackers or bread causes her to give up eating entirely.

Her bowels are regular, but the discharges are unnaturally dark and very offensive. She passes water only four or five times in twenty-four hours, sometimes only two or three times. Yet she seems well and in good spirits, but is growing thinner, weighing 24 pounds, $2\frac{1}{2}$ pounds less than she weighed at ten months, and I of course, know that she is not being sufficiently nourished.

Her teeth have come late and irregularly; the two lower incisors at fourteen months, the upper incisors at eighteen months, two lower double teeth and one upper double tooth at twenty months, and now, at twenty-one months, the upper lateral incisors. She has an unusual quantity of long, very curly hair.

(1) What is the cause of this lack of appetite? Her teeth have never caused any apparent disturbance.

(2) Ought I to keep on forcing her, or should I starve her to milk? I have not done this, fearing lest it would result in her getting on without any food. I should say here that I have reduced her meals to three, hoping to make her hungrier for each one, but it has not so resulted; and I am not sure but this may be the cause of some flatulency and of a slight increase in the distension of the abdomen, which has always been very large.

(3) Is it not wrong for the discharge of urine to be so scanty and infrequent?

I should say that I have consulted my physician, who is able to recommend enough varieties of food, but is not able to enforce them. I shall be greatly obliged if you can give me any practicable suggestions. The great objection seems to be to anything moist. For instance, lump sugar and plain sweet chocolate I have tried successfully, but a chocolate cream is an abhorrence, and no amount of persuasion will induce her to take granulated sugar moistened even with a drop of milk.

READER.

Andover, Mass.

(1) We cannot answer this question, for noth-

ing appears in your account of symptoms to explain it. Similar cases we have met with, and in those there was usually a recognizable derangement of the digestive apparatus, either of the stomach or more commonly of the liver or pancreas. Now, as you have a good physician and he has not pointed out anything of the sort with the case before him, we do not feel that we can do it without any symptom or rather with only one—the offensive stools.

(2) No; but we would suggest trying to get her appetite into better condition, and gratify it for the present by the solid food which she will take and which is harmless. We believe that ultimately she will return to a more varied and more suitable diet. The medicinal aids to increased appetite your physician will furnish you. The flatulency probably depends upon the diet which is so largely starchy.

(3) The scanty urine is doubtless due to the diminished amount of liquid taken. If you can persuade her to drink more freely, it will be better for her in this respect. So long as she refuses milk she cannot keep up the plumpness she formerly had, but she may, nevertheless, have a fair condition of health.

The Beginning of Rickets; Discarding the Belly-band; Jumping the Baby; Sleeping with Open Mouth.

To the Editor of BABYHOOD:

My baby boy, seven months old, weighs 23 pounds, has two teeth, and is 29 inches long. He is fed cow's milk, diluted one-third with bran water, every three hours during the day, none at night. He is large, fat and unusually good-natured, but has always had persistent constipation, requiring an enema every morning; he takes cold easily, his head perspires freely and his flesh is soft. Will you kindly tell me—

(1) If fatness combined with constipation is the beginning of rickets, what symptoms should be considered evidence of its existence?

(2) At what age should a baby cease wetting the bed at night? I am compelled to change my baby two or three times during the night, if I keep his clothing and the bed-clothing dry.

(3) Would you advise taking off the "belly-band" at his age?

(4) Can I safely put my baby in a baby jumper, which is hung so that Baby's toes touch the floor just enough to enable him to spring slightly? My baby wishes to sit alone on my lap, and enjoy an occasional "ride" on his papa's foot. Could thus sitting unsupported weaken his back now?

(5) I read that a baby should not sleep with its mouth open. How can this habit be cured?

Oakland, Cal.

B. B. F.

(1) The symptoms of "the beginning of rickets" are those of rickets already begun. Fatness, constipation and a sweating head, are gen-

erally considered evidences of a mild degree of the disease. Many children pass through the stage without going farther.

(2) This is not a question of age, but of habit. We do not know how much night-feeding he is allowed; possibly he gets more liquid at night than he should. At his age, he should go without feeding from 10 P.M., till early morning.

(3) The belly-band, as a support, we never advocate after the navel is healed. A loose band as clothing to protect the bowels from chill, we like for a long time—a couple of years, perhaps.

(4) We do not like either amusement for young children, especially for a child of the peculiarities you describe.

(5) The habit is due to obstruction in the nasal passage behind the mouth, probably due to the peculiarity of taking cold easily, which you have mentioned. Whatever cures the catarrhal tendency or growth in the nasal passages, if there be one, will cure the habit.

Stooping Shoulders.

To the Editor of BABYHOOD:

I presume the question I wish to ask has already been answered by you, but as my back numbers of BABYHOOD are now inaccessible, I must trouble you again. What are the best braces for a child six years old who is inclined to be round-shouldered, and where are they obtainable? M. F. W.
Richmond, Va.

There is no best brace. BABYHOOD does not think very much of the use of braces for children who simply have stooping shoulders. If there is any spinal trouble, a support suitable to the particular case should be prepared or selected by the surgeon who has charge of the case. But the simple dropping of the shoulder, which we suppose you to mean, comes from a weak condition, and is best combated by strengthening hygienic remedies, exercise, rest, good air and sunshine, and perhaps massage and tonics. But the great point is to determine whether or not the case is really such and not a spinal curvature, and for this you must have the advice of a clever physician or surgeon.

A Question of Nourishment.

To the Editor of BABYHOOD:

My baby is one year old, and I feared was not getting enough nourishment from the breast alone, as his flesh was soft and flabby. So, upon consulting my physician, cow's milk and granam was recommended two or three times a day; the milk not being sterilized on account of its tendency to constipation. My milk is furnished by a neighbor and brought to me directly from the cow night and

morning within a half hour after milking. Do you recommend sterilizing or is simply boiling necessary? I rely greatly upon BABYHOOD'S opinion. Baby has eight teeth and weighs 23 pounds. I nurse him three times a day, and the other three meals consist of milk and water and Imperial Granum. Can you suggest an improvement in the way of diet, as I think he is not getting enough nourishment on account of the condition of the flesh I have mentioned?

Will you also kindly tell me if I should use lime-water or not? A SUBSCRIBER.

Under the circumstances we see no particular need of boiling or sterilizing. If milk uncooked (simply heated to blood heat) does not agree, sterilization may be tried. The lime water will probably be an improvement.

Condensed Replies to Various Letters.

E., Utica, N. Y.—The case is doubtless one of catarrh. The general plan of treatment you employ is all right, but we think some special treatment or advice from a specialist after a thorough examination would save you much trouble and anxiety. "Outgrowing" of catarrh is not cure. The processes of atrophy which in time change the conditions of the naso-pharyngeal mucous membrane change also the symptoms, but the disease usually exists in other forms more or less annoying to the person and sometimes to his neighbors.

A Mother in Egypt.—The number of BABYHOOD for April, 1888, can be had by sending fifteen cents with your address. Unused Egyptian postage stamps of the lowest denominations obtainable can be sent.

K. G. B., Cascade Locks, Oregon.—The child has a pretty heavy diet for his age, but as he seems to digest it and to be always well, there is no special reason for change. He probably has unusual digestive powers, in which particular children vary as much as adults. You say that you give him jelly or jam on bread, never butter, but give no reason. To most persons butter is an advantage, jelly and jam the reverse. The 5 o'clock meal is heavier than we generally advise, but as said above, we are not sure that it had done harm.

W. J. W., Paulding, Ohio.—BABYHOOD knows of no cabinet or set of drawers which come especially for infants' layettes, but the modern chiffonier has such a variety of forms that it is easy to find one conveniently adapted to the purpose at a not expensive price.

An Anxious Mother, Pottstown, Pa.—Your child will be when you get this perhaps twenty months old. With cool weather before you, you may enlarge his dietary. Milk must be for some time the main article, with it you should continue to give the oatmeal, but it need no longer be gruel; he can eat a little—say a tablespoonful daily—of well cooked porridge. The bread and butter is all right. He may have a soft boiled egg occasionally, also the juice of beefsteak, mutton broth with barley or rice, rennet custard and similar nutritious but light articles—only one or

two of the articles mentioned as occasional in any one day. Watch the effect of each in order to discover peculiarities of digestion if he has any. The soda crackers are not desirable; Graham crackers, if not sweet, are better. A cracker sold under the name of "Educator" we think a good one, and the hard Bent's cracker, although not of Graham flour, is useful; it is too hard to be swallowed without chewing, and thus excites a desirable flow of saliva. The evening meal should be chiefly milk with perhaps bread. The Mellin's Food is no longer needed, but may be used if the child likes it, with milk. It can be mixed in greater strength than for the bottle, rather as for an adult invalid. It may do for the evening meal occasionally. It will probably not be necessary to sterilize the milk in the winter if your dairy service is good.

J. W. E., Berwick, Tenn.—What the child needs most is supervision at stated intervals by your physician until it is strong again. Don't pay too much attention to what "every one says." It is impossible to say at a distance what food would suit such a case, but if we were obliged to suggest we should begin with that called "Lacto-Preparata." But in any case have the physician come regularly every fortnight—or oftener if necessary—and give you detailed instructions as to the food and the hygienic needs of the little one.

L., N. Meridian.—We answer through the "condensed" column as you desire, although that column is usually reserved for questions which have been answered over and over again, and can be of interest only to the inquirers or for questions concerning mothers not admitted to other columns. Your child was a year old in June, and had been fed on Eagle Brand condensed and some bread crusts and crackers up to the time of your writing. His strength and development seem from your description to be good enough. He can probably now take fresh milk. Whether he can make the immediate change to undiluted fresh milk we are not entirely sure, but we think he can. He may have oatmeal porridge if thoroughly cooked and not too coarse. Begin with one tablespoonful. Let it be eaten with salt and milk. In our judgment sugar should never be used upon it. He can have cracked wheat as a change, cooked and served in the same manner as the oatmeal. If these things are well borne, let him have occasionally mutton broth with barley or rice, or a soft boiled or dropped egg. Do not repeat these things daily for the present, but skip so that the effect of each may be apparent. Besides the bread crusts and crackers he may have toast,

milk toast, junket, or slip, or rennet custard. By the time these things have been all tried he will have reached two years and can gradually amplify his dietary. The temper question is not an easy one, for all children cannot be controlled in the same way. Best of all, if it be possible, is to divert the anger before it finds expression, but in such a way that the child does not recognize that it is being diverted. A child of his age cannot be dealt with as is an older one, but, in a general way, we believe that if the outbreaks occur and the child knows that you have seen them, it is better not to overlook them. Of course, we do not mean that he is to be punished bodily, but deprived of some small desired pleasure and inconvenienced in some small way sufficient to gradually make him understand that there are two sides to the indulgence of temper. But we repeat that it is better to prevent the outbreaks if you can.

A Subscriber, Asbury Park, N. J.—There is no objection to the use of Mellin's Food with sterilized milk. In using the food (or any other prepared food) you should strictly follow the printed directions. It is only justice to a manufacturer to use his wares as they are intended to be used. This food is considered to be often laxative. We never recommend a bottle with a tube. It has no advantages except to favor careless feeding of an infant, and has many disadvantages and even dangers.

E. T. P., Danvers, Mass.—Concerning the preparation in question we have very little information of a definite character, very little, indeed, having appeared concerning it in medical journals, and, as far as we know, it has been little used under the observation of physicians who could judge of its effects. We suppose from the composition given us by its representative that it is harmless if used in moderation. On the other hand, we have small faith in any such remedy.

T. B. M., New Britain, Conn.—There is no especial time for changing from bottle. The change is made by teaching him to drink from a cup. As you have fallen into the mistake of letting him have his bottle in bed you will have some difficulty in breaking the habit. Otherwise there would probably be little difficulty in changing his manner of taking the same food. When the bottle is taken to bed it becomes a plaything, and will not be willingly abandoned. As he already has reached undiluted milk he will not need additional food for some time, except that barley water or oatmeal gruel may be mixed with the milk.

